

Lost

2a. DATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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-	1	311	
		1	
		1	

1692

1. DECEASED-NAME

Poges 1 and 2 fors after death. (Type or print) Archer A. Alexander December 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years Jast birthday) April 13, 1904 male white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U. S. Baltimore Md . WIDOWED [7] DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
Clerk typist give street oddress) SPRING GROVE Catonsville STATE HOSP. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO X White Marsh BBox 1072 R F D Balto ond in ony 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First rem Lost FO Ella Kennedy John Alexander en please 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If was prive wor or dates of service) 705-055393 Yes, no, or unknown) Records: SPRING GROVE STATE HOSPITAL no burial, cremotion, or remova 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Right cardiac failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Pulmonary emphysema burial-transit rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO | TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. EOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while at work 22a. I certify that \$0 (this haspital) attended the deceased from Oct. 21 , 1959, ta Dec. 24 , 1968, that \$0 (we) last saw the deceased alive an Dec. 24 1968, and that in \$55\$} (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (XX) (did nat) view the bady after death. 22b. SIGNATURE Hvovolede director, poge 3 should be filed v DEGREE DIRECTOR PHYS. PHYS 22e ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Diomidis Pirovolicis. M.D. Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, REMOVAL (Specify St. Stephens Cemetery Dec. 27, 1968 Bradshaw 24. FUNERAL DIRECTOR Howard K. 2So. REC'D BY REGISTRAR Mc Comas & Son, Abingdon, Md.

Middle

16941 IF UNCER I YEAR

12b, KIND OF BUSINESS OR

Middle

Gove

Lost

BETWEEN ONSET AND DEATH

State

(State)

ours after death. requires that the death certificate be

VR A15 (4)

ATTENDING

DABEC 3 0 1968

25b. REGISTRAR'S SIGNATURE Ochanles

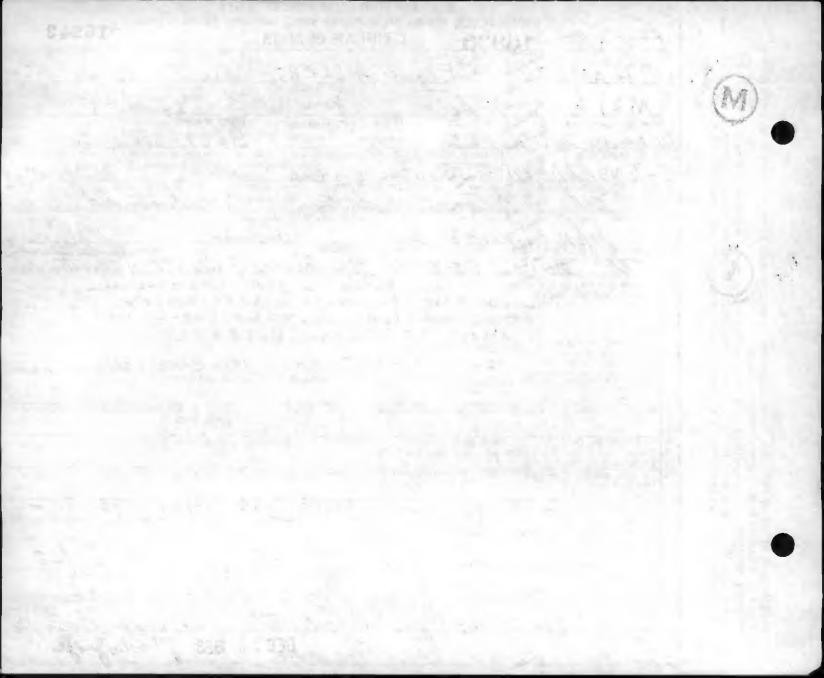
(County)

County

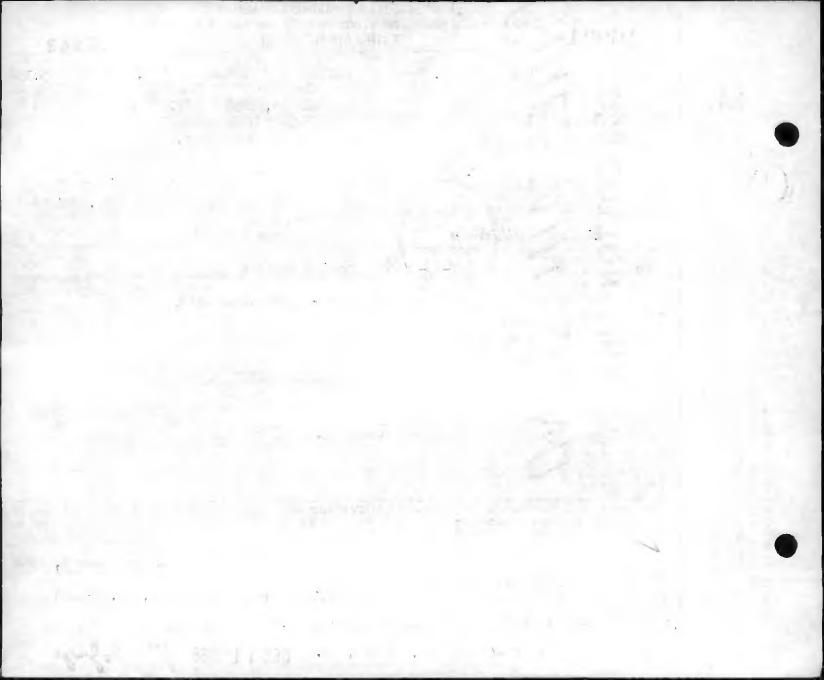
22c. DATE SIGNED

12-24-68

10000 In the Committee of the Bill blasse is nebrald, which where is sever



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16931 CERTIFICATE OF DEATH 16943 1. DECEASED-NAME Middle death. Lost 20. DATE OF DEATH 2b. HOUR urs after death (Type or print) DECEMBER Month 9. Doy 1968 PAULINE ALT N. 5:15% 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. loss hirthday) OCTOBER 14, 1897 WHITE FEMALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) RUSSIA WIDOWED BALTIMORE. DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) EPH during most of working life, even if retired.) TOWSON and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 610 GOUCHER BLVD. #21204 TOWSON PHYSICIAN: The law requires that the death certificate be exer 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Nikitenko Anna Petroff Dimitri 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wat or dates of service) Yes, no, or unknown) or removol, 090-05-3166 Family records none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of stomach with metastasis. IMMEDIATE CAUSE (o) Conditions, if ony, which gave DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p rise to immediate couse (o), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART [(a) r this certificate has been si detached for use as the b te Dept. of Health prior ta b 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTO Esophageal obstruction. Ca. of stomach with metastasis [S.] 194 DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? NO X 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 3 should be detache with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work TO FUNERAL DIRECTOR: After 201. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR director, page 3 should be filed v amilo December 9, 1968 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Camilo Tomboc, M.D. NAME (Type) 7620 York Road Towson, Md. #21204 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Hillcrest Memorial Park West Palm Beach 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR John Burns Sons 610-12 York Rd. Twoson, Md. Melarles DADEC



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the Tune of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (V) 30M REV. 128

932	277		N	ARYLA	ND S	TAT	DEPAR	<b>TMENT</b>
	DIVISION	OF	VITAL	RECORDS	. 301	W.	PRESTON	STREET,

OF HEALTH **BALTIMORE, MARYLAND 21201** 

Iteml F	ilmG407	12/2:	3/68  k	k (	CERTII	ICATE OF	DEATH				169	44	
1. DECEASED-NAM	1	First		Middle		Last		20.	DATE OF DEAT	l Aonth De	ny Year	ID!	OUR S
filbe or burn	M:	innie		Virgin	ia	Austin	Auster	1		ember	15, 19	68	1
3. SEX		4.	RACE			5. DATE OF E			6. Al	GE (In years	ANONTHS DA		4 HRS.
	male		whit			Nov.	9, 19	909	105	birthday) 59 YRS		13 19063	mint
country	(State or foreign		TIZEN OF WH	AT COUNTRY?	8. MARRI WIDOW	IED <b>KNEVER</b> MA	RRIED	9. <b>CO</b> U	Baltim				Mi
10. CITY OR TOY				ME OF HOSPITAL OR INS					JPATION (Kind	of work done		OF BUSINESS	-
Catons	ville		gives	RING GROVE	e sta	TE HOSP	during	most of v	working life, e	ven if retired.)	INDUSTRY		
		ceosed live		on: Residence before		OR TOWN	13d. INSIDE CIT		13e. STREET				
admission) STA			b. COUNTY	Balto.	G	vans	YES 🔲	NO 🗌	612 A	nnesli	e Road		
14. FATHER'S NA			Middle	Last		15. MOTHER'S N	AIDEN NAME	First		Middle		Last	
	Benia	man W	lilkin:	son				_	ora	V.	E	arle	
	SED EVER IN U.S.			16b. SOCIAL SECURITY I	NO.	7. INFORMANT		2	OI a	Address	<u>L'a</u>	ar.re	
Yes, no, or un	known) (If yes	give was or date	es of service)			Records	: SPRI	ING G	ROVE S	TATE HO	SPITAI		
		er only one	rause ner lin	te f <u>a</u> r (a), (b), and (ε).	1						APPI	ROXIMATE INTERVA	Į.
	I. DEATH WAS CA	AUSED BY:		Congesti	ve he	art fai	lure				BELWE	EN UNSET AND DE	AIH
111	/ - a	MEDIATE CAL											
Conditions	, if any, which g		JUE IU, UK A	S A CONSEQUENCE OF General:	ized	arterio	sclero	sis					
	mediate cause	(n)	(b)		1260	0100110			-				
	e underlying co	use	DUE TO, OR A	S A CONSEQUENCE OF									
lost.		)	{c}	Plus 76 privil bir ii	OF DELETE	D. 20 2117 27041111	DI DIFFEE O	o COMPATI	OU OINER IN O	ADT 1/ 1			
PART 2, 0	THER SIGNIFICANI	CONDITION	A2 COM IKIRO	TING TO DEATH BUT N	OI KELATE	D TO THE TERMIN	AL DISEASE O	KCONDIII	ON GIVEN IN P	AKI I(a)			
8 70	00	101 601111		C. Coro Providence	0000450	AD ALTE	O D C L D		Lami IF ure	MEDE FINIDING	CONCIDENTE	L CERTIFICATION	
190. DATE (	OF OPERATION	19b. CONDI	TION FOR WH	ICH OPERATION WAS PE	RFORMED	2Da. AUT YES		*	CAUSES OF D	WERE FINDINGS EATH?	CONSIDERED II	N CERTIFYING	
	ENT WAS UNDER		21b. TIME OF			. HOW INJURY OF	CURRED (Er	iter notur	e of injury in I	Part 1 or Part 2	, Item 18.)		
(If either,	notify medical ex	F DEATH cominer)	HOUR A.M. P.M.	Month Day Year									
Z10. 19101	RY OCCURRED Not while	21e. PLACE		AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.		f. LOCATION Stre	eet or R.F.D.	No.	City or To	wn	County	St	ate
220. 1 6	ertify that (A)	(this ha	spital) atte	ended the deceos	ed from	Nov.	22_, 19	68	taDe	C. 15, 1	9 <u>68</u> , th	at (I) (we	) la
SGV	the decease uses stated at	d alive o	(v <b>age)c(xdid</b> )	(did not) view the	9 <u>68,</u> body af	and that in (n ter deoth.	ny) (o <b>xoz)c</b> o	pinian	death accur	red an the d	late and ha	ur and frai	m th
22b. SIGNA		('owid	24	reveleda		DEGREE PHYS	ING 🛣	MED. DIRECTO	R STA	FF TIT	2-16-68	}	
22d. PHYS				1000		22e. AD	DRESS ST			STATE			
	E (Type)	Lomid	is Pir	ovolidis,	M.D.					aryland			
23a. BURIAL, CR	EMATION I	23b. DATE		23c. NAME OF	CEMETERY	OR CREMATORY			LOCATION (Ci		(County)		
REMOVAL			19-196			emorial			Baltime		Co.	Md (Stote)	
OA PHARPAL DI	DECTOR			ADDOLCC	Y		2So. REC'I	BY REGI	STRAR	Sb. REGISTRAR	'S SIGNATURE		
Lassah	n funer	al Ho	me 74	Ol elair	Road	21236	DATE	623	1968	files	reas Ja	ed de	

5/23 \$4.271 TO TOTAL TO THE PARTY OF the second second 

## 16993 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers Pages, Pand 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death

uted Within 24 hours after death

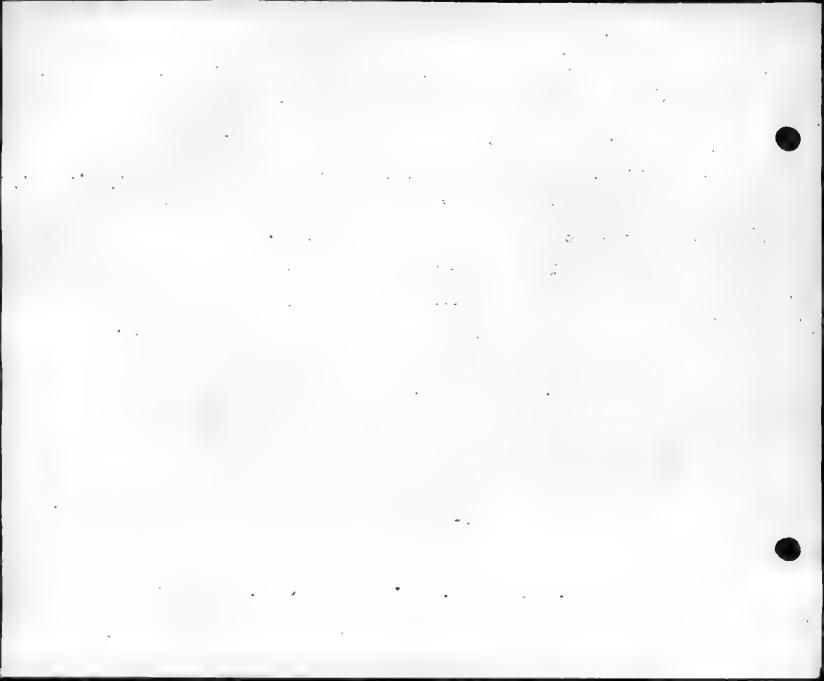
TO MOSPITAL OR ATTENDING MAYINCIAN: The lass requires that the Beath certificate be exe

Page 4 may be retained by the laspital ar attending physician

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16945

	ECEASED-NAME 'ype or print'	First JOHN	τ.	M.ddle N <b>MN</b>	107	Lost ACON	2a.	DATE OF DEATH  12 Mor	nth 31 Da	v G QYeor	26. HOUR a
L		UOM		INPIIN							, , , , , , , , , , , , , , , , , , , ,
3. SE	MALE		4. RACE (V)	rite		S. DATE OF BIRTH $3-6-18$	93	6. AGE	(In years pithday) YRS.	MONTHS DAYS	HOURS MINE
	BIRTHPLACE (State or fairly) Ineland		76. CITIZEN OF W US7		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BA	NTY OF DEATH	-		Md
	TOWSON		gj.	AME OF HOSPITAL OR IN Street address R. BALTO	MED.	t in hospital 120 CENTER duri	USUAL OCCU	JPATION (K nd a workinglife, eve Analy	i work dane in if settred.) OSE-REX	125 KIND OF UNDUSTRY	BUSINESS OR (hem.
	USUAL RESIDENCE (Whission) STATE Max			Baltimore	Cocke	ysville <sup>15</sup>	_	Falls			
	Robert L		Middle	Lost		MOTHER'S MAIDEN NA Unknow			Middle		Lost
lóa. Y	WAS DECEASED EVER ( es.ing. or unknown)	N U.S. ARM (15 yes giye ws	ED FORCES? ir or dates of service) RE	215-05-81	. 04	formant amily rec	ords		Address		
	18. CAUSE OF DEATH PART I. DEATH V  4/29 Conditions, if only, w	VAS CAUSED IMMEDIA	DUE TO, OR	ine far (o), (b), ond (c CONGES TIV AS A CONSEQUENCE OF ARTERIO—S	/E HEA			SCIILAR	DISE	BETWEEN	IMATE INTERVAL ONSEY AND DEATH
		ng cause	DUE TO, OR (c)	AS A CONSEQUENCE OF	NOT RELATED TO						
CERTIFICATION	190. DATE OF OPERATION	ON 196.0		HICH OPERATION WAS P		200. AUTOPSY? YES \ N	10 🔀	20b IF YES, WE CAUSES OF DEA		CONSIDERED IN C	ERTIFYING
MEDICAL CE	21c. ACC:DENT WAS  or contributing of (If either, notify med	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Doy Yeo	19	W INJURY OCCURRED					
estin.	21d INJURY OCCURRI While Not while at work at work			( AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.				City or Town		County	State
		at (H) (the ceased al ed abave	s haspital) att ive an , (l) (we)(did)	ended the decea: 12-31 (did nat) view the	sed fram 19_68, and bady after d	11-30 that in (#%) (aur eath.	) abiuiau (	ta	d an the de		t (1)k (we) last and fram the
	22b. SIGNATURÉ	São	O Cegn	ilen IR	DEGRE	E PHYS	) MED DIRECTO	R STAFF PHYS.		DATE SIGNED 2-31-68	3
	NAME (Type)			O C. AGI		6701		HARLES	-		
	BURIAL, CREMATION, CREMOVAL (Specify)	Jan		9 Jesson	CEMETERY OR C		1 .	LOCATION (CHY)		(County)	(State)
24	EUNERAL DIRECTOR	1 Son	s, Tows	n, Maryla	and			STRAR 256		s STGNATURE	udst.



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within 24 hours

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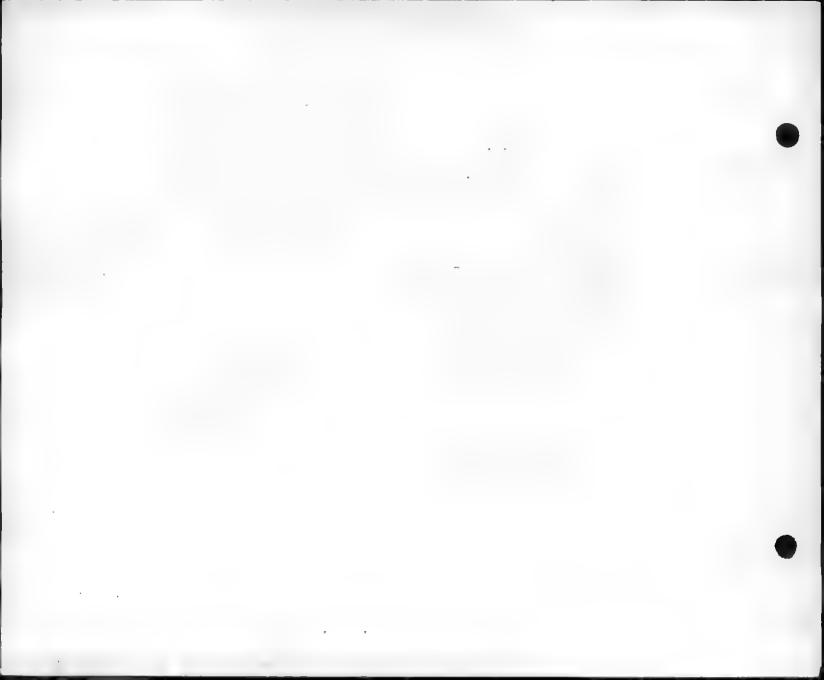
illed/in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled/in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 72 h.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

OURS

15934		CERTIFICA	ATE OF DEA	TH			169	
1. DECEASED NAME First (Type or print)	M.ddle		last	20	DATE OF DEATH Mont	2 Pey	, Year 68	2b. HOUR
HERMAN 3. SEX	4 RACE		BARK DATE OF BIRTH		6 AGE (I		IF UNDER 1 YEAR	5:50 A
MALE	WHITE		2-4-188	3	last bir	n years Inday) 85 YRS.	MONTHS DAYS	HOURS MIN
To BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	]	UNTY OF DEATH			
BALTO.  10 CITY OR TOWN OF DEATH	U.S.A.	WIDOWED		4	BALTIMO			Md
TOWSON	11 NAME OF HOSPITAL OR INS give street address) St. Joseph	s Hosp	ital	ing most of	JPATION (Kind of working life, even	wark dane if retired )	126 KIND OF INDUSTRY	BUS NESS OR
admission) STATE	ed lived, if institution Residence before 13b COUNTY BALTIMORE	PARKVT	OWN 13d, ASID	NO T	13e STREET AND		A ** = 10 * 2 *	
MARYT AND  14. FATHER'S NAME Fresh	Middle Lost		MOTHER S MAIDEN N.		1 3100 p	M.ddle	Avenue	
	Widdle Fosi	113.	MOTHER 3 MAIDEN N	APRE (IIS)		Mragale		l as†
RUDOLPH BARK 16a. WAS DECEASED EVER IN U.S. ARN	MED FORCES? 166 SOCIAL SECURITY N	10 117 101	FORMANT		UI	MAN		
Yes, nate unknown) (If yes give w				11 D 10 1		Address		
	20-34-7179		RS. HERMA	N BARI	( 9100 SM	TTH A		
18 CAUSE OF DEATH (Enter onl	ly one cause per line far (a), (b), and (c).)							MATE INTERVAL INSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIA	Arterioscle	erotic :	Heart Dis	ease;	Cong. He	art		
4129	DUE TO, OR AS A CONSEQUENCE OF					ilure		-
Canditians, if any, which gave )	(b) Uremia							
rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF							
slating the underlying cause lost.								
	(c)	DI DE AVEN EN	THE TERMINAL D. (515)		D. C.			
3 4300	INTITIONS CONTRIBUTING TO DEATH BUT ME	JI KELATED TO	THE TERMINAL U SEAS	SE OR COMUTE	ON GIVEN IN PART	I(a)		
190 DATE OF OPERATION 195.	CONDITION FOR WHICH OPERATION WAS PER	REORMED	20o. AUTOPSY? YES	40 <b>\</b>	20b. IF YES, WERE CAUSES OF DEATH		ONSIDERED IN CE	ERTIFYING
S GOR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month Day Year		Y INJURY OCCURRED	(Enter natur	e of injury in Pert	ar Part 2	tem 18)	
	PLACE OF INJURY (AT HOME, FARM, STREET FACTORPHICE BUILDING, ETC.		ATION Street or R.F.	.D. Na	City or Town		County	State
22a. I certify that (I) (thi	s hospital) attended the decease	d from 12	-24-	19 <u>68</u> ,	to_12-24-	, 19_	68 , that	(I) (we) las:
causes stated obove	ive an 12-24= 15, (I) (we) (did) (did nat) view the b	oody after de	that in (my) (aur ath.	r) opinian (	death occurred	on the da	te and hour (	and from the
226 SIGNATURE Ciilia C	· Baldonodo	DEGREE	ATTENDING PHYS	MED DIRECTO	R STAFF PHYS.	220 [	DATE 5 GNED	
22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS 7620 Yo	ork Ro	ad, Tows	on, Md	. 21204	
23a BURIAL CREMATION, 23b D	DATE 23c NAME OF C	EMETERY OR C			LOCATION (City or		(Caunty)	(State)
BURLAL (Specify)	-28-68 Belair	Mem. (	Cem.		Belair	Md.	1-44.11	(2.0.0)
24 FUNERACOIRECTOR /	// ADDRESS			ECD BY REG		REGISTRAR S	SIGNATURE	
Marrallut	4 7401 1881608	16	2.05	DEO 2	0 4000			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16947

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	(EASED-NAME ype or pont)	First WILL	TAM	Middle J.	BATC	Lost			E OF DEATH  Month	Day	Yeor	2b. 1	HOUR
		14 11111	TWL	υ.				Dec	ember 17,	1968			M
3. SE			4 RACE			DATE OF E			6. AGE (In year		DER I YEAR	IF UNDER HOURS	24 HRS.
	male	9	cauca	sian	p	ecemb	er 27,	1889	• lost hirthdoy)	YRS.	S DAYS	HVVIC	JULIS.
7o. B	SIRTHPLACE (State o	r foreign	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	1 NEVER MA	RRIED	9 COUNT	Y OF DEATH				
(อกม	<sup>try)</sup> Marylai	nd	US	A	WIDOWED [		ORCED [	Balt	im <b>or</b> e				Md
10. C	ITY OR TOWN OF D	EATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If not	in hospital			TION (Kind of work	done 12	KIND OF	BUSINESS	S OR
	Towson		give si	reet address) sapeake M	anor Nu	rs.Ho	me during R	etire	do Electri	cal Ca	on tra	actor	r
130.	USUAL RESIDENCE (	Where deceos	ed lived, if institute	on Residence before	13c CITY OR T	OWN	13d. INSIDE CITY L		e STREET AND NUMB				
edmi	ssion) STATE Ma	arylan	d BP COUNTA	***************************************	Baltim	ore	YES X NO	∘ □	4516 N. C	harles	St.	•	
14. F	ATHER'S NAME	First	Middle	Last	15. 1	MOTHER'S A	NAIDEN NAME F	First	Mid	dle		Last	
Ián	WAS DECEASED EVE	D IM II C ADI	TEU EUDUEGO	16b SOCIAL SECURITY I	IO 117 INF	ORMANT			Addr	000			
100	es, ne jos unknown)	(It yes give v		41-05-783			B. Ba	tchla		(Same	1,		
-						• 1.10	, De Da	OCILLO	1	/ Danie		MATE INTERS	VAI
	18. CAUSE OF DEATH		0.037	e for (o), (b), and (c).	0 1/	1 6	7 2 1	v	1	-		ONSET AND D	
	PAKIT DEAT	IMMEDI	ATE CAUSE (a)	Circumone	11/1/	70 7-4	4 6 11	relas	dys		4:	9 2	NO
	185 X			S A CONSEQUENCE OF	1								
	Conditions, if any,												
	rise to immediate			S A CONSEQUENCE OF									
	stating the under	TYING COUSE	(4)	Tr consequence or						1			
		AMIEICANT COL	IDITIONS CONTRIBUT	ING TO DEATH BUT, NO	OT PELATED TO	THE TEDMIN	AL DISEASE ORG	CONDITION	GIVEN IN PART 1/AL				
	4		is election	-/ V			-sin	_	clind				
CERTIFICATION	19a. DATE OF OPERA			CH OPERATION WAS PE	DEUDMED .	20a. AUT			Ob. IF YES, WERE FIND	INCS CONSID	EDED IN (	EDTIEVING	C.
[A]	170. DATE OF OPERA	INUN 170.	CONDITION FOR WITH	CHOFERATION WAS FE	KIOKIILD			C	AUSES OF DEATH?	IIIOJ CONJID	.KLD IN C	LKIII IIIK	
RTIF						YES							
	210 ACC DENT WA				21c, HOV	/ INJURY O	CCURRED (Ente	ir nature of	injury in Part 1 or P	art 2, liem 1	8 }		
MEDICAL	(If either, notify m	nedical exami	ner) P.M.	19									
~ 1	21d INJURY OCCU While Not whi at work ot war	RRED 21e.	PLACE OF INJURY (	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCA	ATION Str	eet ar R.F.D. No	).	City or Town	Cos	inty	S	Stote
	at work of war	k - 1		1 1 1 1	1.5	01-1	10.5	C 7 A	10/1	101.4	41-	. (15. (	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	22a I certify	that (I) (th	is haspital) afte	nded the decease	ed from	14 2 V 14 - 1 : - 1 -	, 19=	, ra	12 / //	, 1923	_, rna	/ (I) (W	/e) las
	saw the c	geceasea a	IIVE OF	did nat) view the	7 <i>≥≥.,</i> and hady after de	mar in (r	ny) (aur) ap	mian aec	orn accurred an r	ne aare ar	ia naur	ana iro	JME THE
	22b. SIGNATURE	1/	s, (1) (we) (ulu) (	ald fidi) view file	body offer de	OIII.		/		22c DATE S	ICNED		
	220. SIGNATURE	Aylen	) you	hue M.)	DEGREE	6 111 3	ING C	MED DIRECTOR	STAFF PHYS.	12	118/	1.3	
	22d. PHYSICIAN'S NAME (Type)	Dr. S	ylvan D.	Goldberg		22e AD	DRESS <b>Medi</b>	cal A	rts Bldg,	Balto	, Mo	i.	
23o	BURIAL, CREMATION	N. 23b	DATE	23c NAME OF	CEMETERY OR CI				CATION (City or Town		unty)	(Stote	a)
En	tem billent	12	/20/68.		ne Pk.		leum		Baltimor		.,	(5.516	
	FUNERAL DIRECTOR			ADDRESS			2Sq. REC D E	BY REGISTR	AR 2Sb REGIS	TRAR'S SIGNA	TURE		
	Leonar	rd J.	Ruck, Inc	Balto,	Md11		DATE DE	C 1 A	1988 8	Land	to Go	det	
					2	7	DAIL	- 0	7 6		V 4	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 3

24 hours after deoth

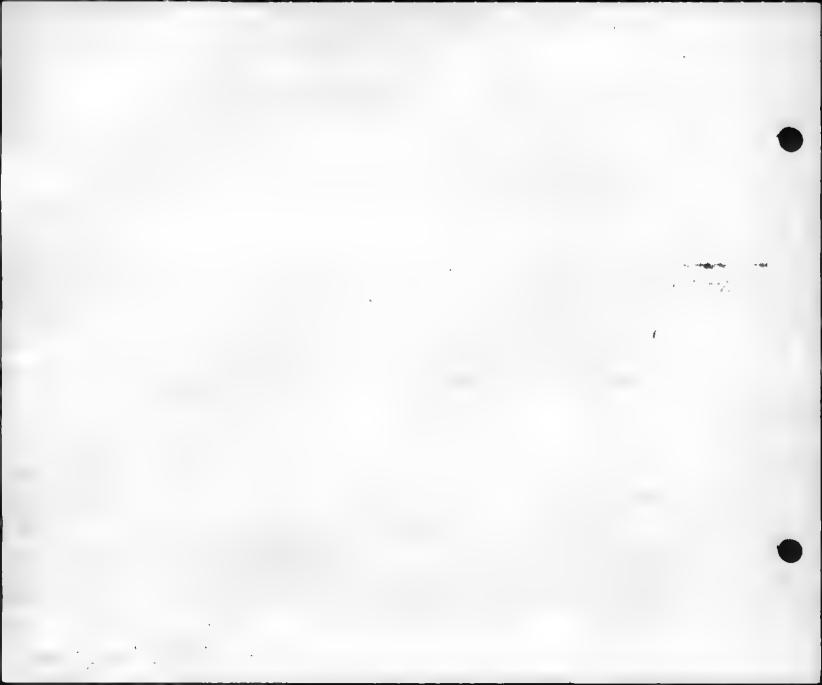
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exect

Page 4 may be retained by the haspital or attending physician.



6006 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16948 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20 DATE KNOWN [ ] 2b HOUR Yenr (Type or Print) OF FSTI-FREDERICK RAVER Page 0 DEATH MATED Tand 2 with the State Department IE LINDER 1 YEAR IF JIMDER 24 HRS 3 SEX 4. RACE 6. AGE (in years 2c DATE PRONOUNCED DEAD 2d. HOUR pub 7o. BIRTHPLACE (Stote or foreign 7h CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9 COUNTY OF DEATH country! US BALTO. WIDOWED [ DIVORCED [7] in Item 18 Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working fife, even if retired.) INDUSTRY ESSEX FUREMAN 130 ESJA: RESIDENCE (Where deceased led, finst, tet on Residence before 13c CITY OR TOWN 3d INSIDE CITY L M TS2 13e STREET AND NUMBER odmission) STATE 13b. COUNTY ESSEX 1420 SHORE 14 FATHER S NAME 15. MOTHER S MAIDEN NAME pages haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** This certificate shauld be executed within in pencil (Yes, no, or unknown) (If yes give wor or dates of service) ABOVE 212-03-4653 BAUER ALMA APPROXIMATE INTERVAL within IB. CAUSE OF DEATH (Enter on y one couse per line for (o) (b) and (c) permit. BETWEEN ONSET AND DEATH pending PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), word DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse .⊆ gue PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(o) remayal 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🖂 NO T 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) 21b. TIME OF INJURY Month, Day, Year HOUR A.M. PRIMARY TOR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF TNJURY (At home form, street 21E LOCATION Street or R.F.D. No. City of Toxen County Stote foctory, office building, etc.) AT WORK AT WORK 22a | certify that I took charge of the remains described above, held on Autopsy | 7. Inspection Inquiry and in my opinion Suicide . death resulted from: Accident Homicide Undetermined monner Natural causes CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER 5 may 17 TO FUNER Health EXAMINER'S NAME (Type) ADDRESS[Street, city, fown for county] BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 300 MACE



16937	·	CERTIFICATE OF DEATH	IMURE, MARYLAND 21201	16949
1 DECEASED NAME First (Type or print) Joseph	n (Guisieppe) Middle	<sup>Lost</sup> B <b>avota</b>	20 DATE OF DEATH  Month  December	2b Hour 31. 1968 M
3 SEX Male	4 RACE White	s date of Birth April 16, 18	7 183	FUNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a BIRTHPLACE (State or foreign country) Italy	75. C TYZEN OF WHAT COUNTRY?  U. S. A.	8. MARRIED   NEVER MARR ED	9 COUNTY OF DEATH Baltimore	Md.
10 CITY OR TOWN OF DEATH Dundalk	11 NAME OF HOSPITAL OR INC gue street address) 851 Jaydee 1	Avenue during m	AL OCCUPATION (Kind of wark dane ast of warking life, even if refired ) LI-employed Shoen	
odmission) STATMaryland	ised lived, funsitution, Residence before 13b COUNTY Baltimore	Dundalk YES N	851 Jaydee A	ive.
14 FATHER'S NAME From Joseph	Middle Lost Baveta		First Middle	Lost
16a WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (It yes give w	MED FORCES?  Ved or dates of service)  16b SOCIAL SECURITY ( 217-16-6]		Address 206 Parkwood Rd	l. Dundalk, Md.
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	my Ceclusi	011	BETWEEN ONSET AND DEATH  I of any  5-4-2-2-3
PART 2 OTHER SIGNIFICANT CON	(c) (c) NOTIONS CONTRIBUTING TO DEATH BUT NOTION ON FOR WHICH OPERATION WAS PE	OT RELATED TO THE TERMINAL DISEASE OR  ERFORMED 200 AUTOPSY?  YES NO 50	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
G (if either, natify medical examination of the committee	HOUR A.M. Month Day Year ner) P.M.	21c HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2	•
While on Not while at wark  22a   certify that (I) (the saw the deceased a	PLACE OF INJURY (AT HOME, FARM, STREET FAIR OFFICE BUILDING, ETC.  Is hespital) attended the decease (I,ve an	ed from 19 , 19 , 19 , 19 , and that in (my) (aur) ap	60, to 12772, 1 inion death accurred on the	9_6 V, that (I) (we) lost

**IO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be execat<mark>ed w</mark>ithin 24 hours after death director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 shauld be detached for use as the burial-transit permit. Then please remo Page 4 may be retained by the hospital or attending physician.

mpterely fitted in by the funeral carbon papers. Pages 1 and

PHYS CIAN'S 22d Jacobs NAME (Type) Morris

M.D.

ATTENDING PHYS 1010 North Point Rd. Dundalk, Md.

MED DIRECTOR

STAFF PHYS.

23d LOCATION (City or Town)

22c. DATE SIGNED 1/2/69

230 BURIAL, CREMATION, REMOVAL (Specify)

22b. SIGNATURE

23b DATE 1/4/69

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith Cemetery

2Sb 1969

(State) (County) Baltimore, Maryland

VR A15 30M REV.

24 FUNERAL DIRECTOR
John J. Duda, ADDRESS 7922 Wise Ave. Dundalk, Md.

REC D BY REGISTRAR 25a DATE

REGISTRAR'S SIGNATURE



22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Harmony Cemetery

VAR. FT. HOWARD, MD

23d LOCATION (City or Town)

Prince Georg

(Caunty)

aw requires that the deoth certificate be exe or removol, hos been signed by the ottending se as the burial-trons t permit. The br or ta buriol, cremotion, or remo of Health p TO FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or directar, page 3 should be filed v

ithin 24 hours after death

remove

VR A15 (4)

22d PHYS CIANS

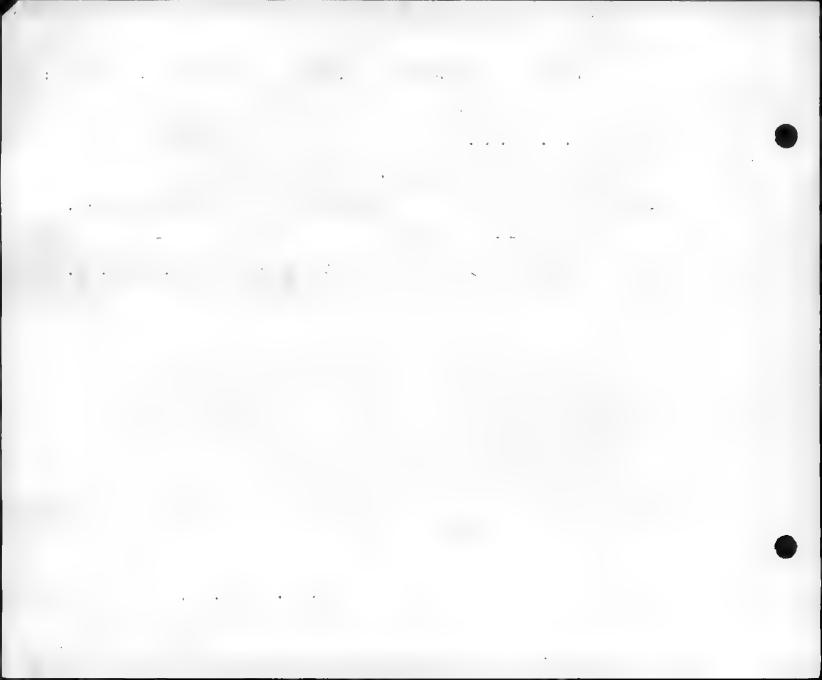
23g BURIA, CREMATION

24. FUNERAL DIRECTOR

BUKEYA Spec fy)

NAME (1982 JOHN D. TALBERT, M. D.

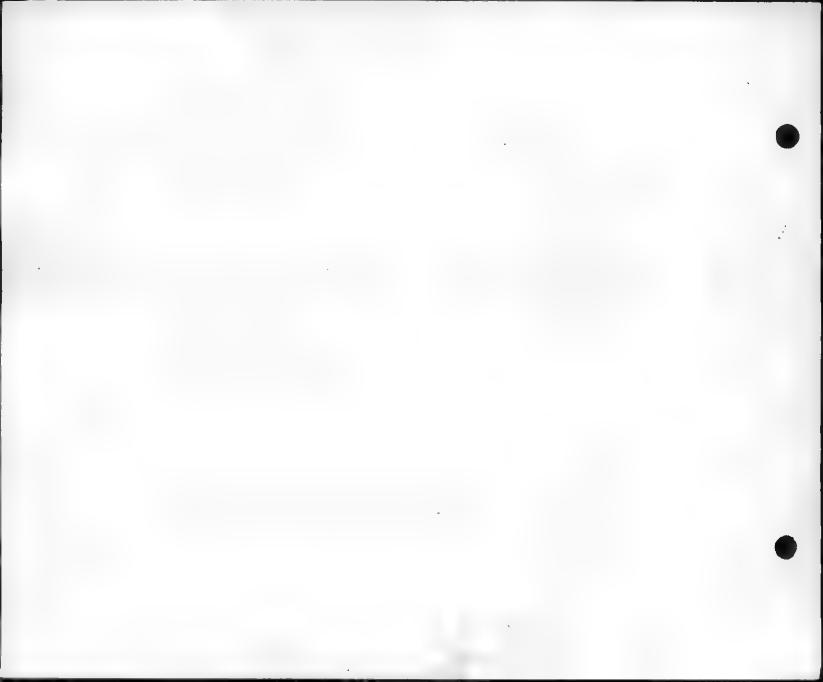
23b. DATE



1		16939 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	16951
= -24		EASED-NAME First Middle Lost Zo. DATE OF DEATH	2b. HOUR
Page 4 may be retained by the hospital or attending physician.  CEUNERAL DIRECTOR: After this certificate has been signed by the attending physician appearant pletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon, pagers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs after death.	Ľ	pe or print) HARRY Beefelt Month Doy	( K 11 9. M
in in the second	3 SE		FUNDER 1 YEAR 1F JINDER 24 HRS INTHS OAYS HOURS MIN.
the age rs al	_	MALE White FIPE! 11,1881 87 YRS.	WIFS CALL HOUNS WIN.
2 g	7o B	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Z Z		BAITIMORE USA WILLIAM DIVORCE DIATTIVACE	Md.
	10. C	IT OR TOWN OF DEATH  IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital  OR TOWN OF DEATH  IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital  during most of working life, even if retired)  OR OF THE PROPERTY OR ISSUE TO A RESTORMENT OF THE NAME OF T	12b. KIND OF BUSINESS OR INDUSTRY FARM WORK
svent,		STATE A LIGHT COUNTY TO A LIGH	^
AD AHOU		11) B.   BATTO FULLETON ILL VED ROLLING U	iew Mue.
5 /	1 6	THER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
2 2		VA KWOWN  WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO ]17. INFORMANT	
girector, page 3 shauld be detached for use as the burial-transit permit. Then please remainshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, osu uknown) (1 yes give wor or dolles at service) 16b SOCIAL SECURITY NO ROSS Fitch 780 Address Ross Fitch 780 Ad	ing View AUE
oermit. Then plea an, or remaval, an		TB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
57 TG		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Curacinama of Fring	6 rumen Res
n,		162. / DUE TO, OR AS A CONSEQUENCE OF /	
na t	l	Conditions, if ony, which gove rise to immediate couse (a). (b).	
cren		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
101		lost. (c)	
50		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
2	NOI	1/2 x Withoutselesous, generalized	PIDENCE IN CENTRALIA
₹ ^	CERTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS DEFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONTINUES OF DEATH?	SIDERED IN CERTIFYING
	ERTI	210. ACCIDENT WAS UNDERLYING 21b. TIME OF THURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iter	n 18)
au na	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor  If either, notify medical examiner) P.M. 19	·
	W	While Not while of work	County State
to to	П	220. I certify that (1) (this hospital) attended the deceased from 12 1967, to 1963, 1963, and that in (my) (our) opinion death occurred on the date	& , that (I) (we) lost
9	Ш	saw the deceased of ve on	and have and from the
Ē		22b SIGNATURE - 2	TE SIGNED
<b>≽</b>			Je. 4,1965
¥ /		201 DIVERSIANS	0
d b			d 21206
non	23 o.	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) REMOVAL Specify  Parkville,	(County) (Stote) Balt
, v	_	OKIAI 10/-/66 201- Janus	
A15 (OLD	24.	UNERAL DIRECTOR 250 REE D BY REGISTRAR 250 REGISTRAR 5 STORE DEL DE PROPERTO DE 1968 POLICIENTE	By Jeers
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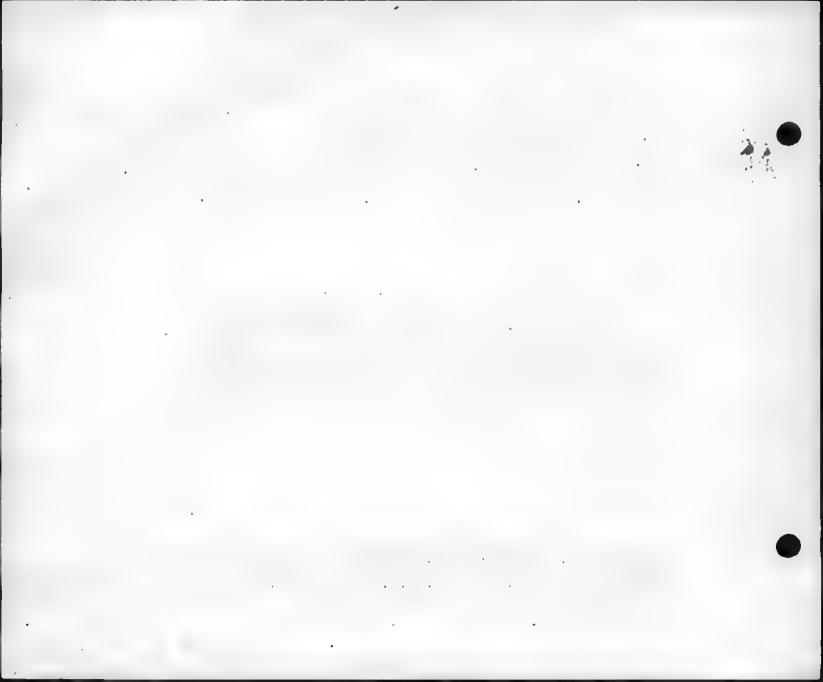


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16940 CERTIFICATE OF DEATH 16952 DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) GEORGE Α. BELL 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR 3/6/96 last pirthday) NEGRO MALE 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARR ED ORTH CAROLINA BALTIMORE COUNTY, U.S.A. WIDOWED K DIVORCED [ ID CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUT ON (If not in haspital 12o. USUAL OCCUPAT ON (Kind of work done gyerine odder. HOSP. FT HOWARD, W.D. mos' PATHTER even if retired ) SETHER PLOYED FORT HOWARD 130 USUAL RES DENCE (Where deceased byed, if institution. Residence before 13c CITY OR TOWN 13d INS/OF CITY L MITS? 13e STREET AND NUMBER by the ottending physician and complitronsit permit. Then please remove of cremation, or remaval, and in any ever 1/36 COUNTYICOLICO SALISBURY YES X NO 102 SECOND STREET IS MOTHER'S MA DEN NAME First 14. FATHER'S NAME First Last ALFRED HETTIE DAVIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, ecunknown) 216 14 20 79 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: **BRONCHOPNEUMONIA** RECENT DUE TO, OR AS A CONSEQUENCE OF (b) PULMONARY CONGESTION AND EDEMA Conditions, fany, which gave ) RECENT rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse DIFFUSE CEREBRAL EDEMA RECENT PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b .F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES A NO I 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d NIJJRY OCCURRED City or Town Caunty State While Nat while at work 22a. I **certify** that (X) (this haspital) attended the deceased fram 12/13/66 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_\_\_, and that in (my) (aur) apinion (saw the deceased alive an 12/1/68 19\_\_\_\_\_\_\_\_, and that in (my) (saw the deceased alive an 12/1/68 19\_\_\_\_\_\_\_\_\_\_) 10 12/17/1960 19 and that in (my) (aur) apinion death accurred on the date and have and from the causes stated abave, (A) (we) (did) (did sets view the body after death. 22b SIGNATURE 22c. DATE SIGNED 12/17/68 MED DIRECTOR DEGREE 22d PHYSICIAN S FORT HOWARD, MARYLAND PETER V. JUVAN, M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) BURIAL, CREMATION, (County) (State) GREEN ACRES CEMETERY SALISBURY, MARYLAND 24 FUNERAL DIRECTOR ADDRESS ALISURY, HA-YLIND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I DECEASED NAME Middle Eirst Last 20 DATE KNOWN Month 2b HOUR (Type or Print) OF EST,-James 12:85 N Bennett Poge 4 DEATH MATED OF JINDER 1 YEAR 3 SEX 4 RACE S DATE OF BIRTH & AGE (In years IF INDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR gud 1031 hday} 12/27/13 Day 27 1068 M W 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIEUX NEVER MARRIED 9 COUNTY OF DEATH Baltimore County Virginia WIDOWED ( DIVORCED [7] TISA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR County Jeneral Raintenance mech. give street operesore INDUSTRY Baltimore County Schenuit 13a. USUAL RESIDENCE (Where deceased lifed, if institution: Residence before 13c CITY OR TOWN 13d. HISIDE CITY LIMITS? 13e STREET AND NUMBER RubberCo. admission) STATE Mid . Wab. COUNTYrederick Rt. xkx 1 Mt.Airv Ice after 14. FATHER'S NAME Middle First Last 15 MOTHER'S MAIDEN NAME Urey Bennett Anthelm Hammond hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT This certificate should be executed within **ADDRESS** (Yes, na, of unknown) 36-10-2077 Mr. Ieh w. Ridge 田田 APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, Lany, which gave rise ta immediate cause (a). the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Blipped disc. be used 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AJTOPSY? remov WAS PERFORMED? NO F YES 🖂 should be 21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. SICAL EXAMINER: cremation, CAUSE OF DEATH 2 d N.JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE MOT WHILE O 22a. I certify that I took charge of the remoins described above, held an Autopsy ... may be retained for FUNERAL DIRECTOR: Inspection 2 Inquiry E and in my opinion the funeral directar. death resulted from Matural causes Accident Suicide Homicide [ Undetermined monner CHIEF MED CAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI DEPUTY MEDICAL EXAMINER Health **EXAMINER** Nelson McKay, NAME (Lipe) ADDRESS(Street, city, town, or county) 0 23a BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 26.1968 buria Mt. Olive 2Sq REC'D BY REGISTRAR 25b REGISTRAR S S GNATUL Fun ril dome . Damascus, Md.

VR A15ME (5) 10M REV 1768



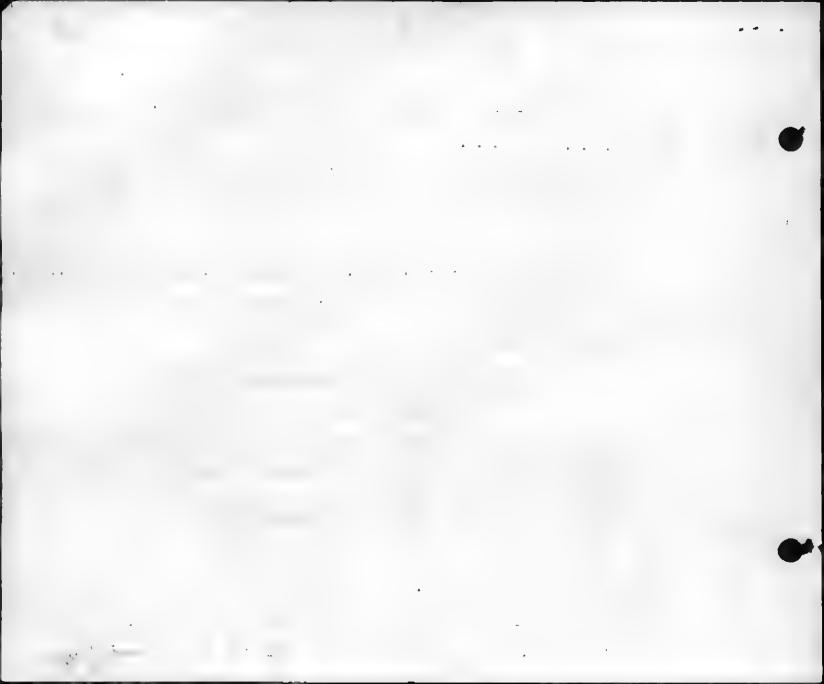
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF GEATH 1. DECEASED NAME First Middle 2b HOUR within 24 haurs after death (Type or print) 15A N Jesse Lee Bennett, Jr. S. DATE OF RIRTH IF JINDER 1 YEAR JE UNDER 24 HRS 3 SEX 4 RACE 6. AGE (In years lost birthdoy) 54 physician and campletely filled in by the HOURS Male White 9-21-1914 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED [ Md. USA Balto. 10. CITY OR TOWN OF DEATH 12a USUA, OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress)
9233 Harford View Dr. during most all working life, even if retired ) INDUSTRY Carney Carpenter Contruction 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER requires that the death certificate be exekuted 13b COUNTY Balto. odmission) STATE M Md. 9233 Harford View KH.Dr. Carney IS, MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Jesse Adlesberger Lee Bennett, Sr. Anna 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) [ (If yas give war or dates of service) 218-01-1399 Catherine W. Bennett Same as # APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OK AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🗀 270 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) ā OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify med cal exominer) P.M 21e PLACE OF INJURY (AF HOME FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No 21d INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (1) this hospital) ottended the deceased from Viville 19.5%, to 12.4 19 and that in (our) opinion death occurred on the date and hour and from the saw the deceased alive on couses stoted obove (1) (ive) (drd) (did not) view the body after death. 22b. AGNATURE 22c DATE SIGNED ATTENDING XXXXX 12-2-1968 DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN S directar, po shauld be f NAME (Type) George T. Gilmore, M.D. Lanham Bldg., Lutherville, Md. 23r NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (County) (State) 23g BURIAL, CREMATION, Burial (Specify) 12-4-1968 Gardens of Faith Cem. Fullerton Balto. Md. 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson, Inc. 1050 York Rd., Town PAREC 5 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 6 9 5 5 Item 7 FilmGh08 1/3/69 kk CERTIFICATE OF DEATH DECEASED NAME First Middle last 2a DATE OF DEATH deoth. 2b. HOUR Within 24 hours after death. unerol 1 and (Type or print) Month Year Charles M. P 3 SEX 4 RACE 6. AGE (In years S. DATE OF BIRTH IF UNDER YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOLRS YRS 0 7a BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [ DIVORCED [ filled, Ralta 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in hospital 20 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Paradise Nursing Home. during mast of working life, even if ret red.) INDUSTRY physicion and campretely 13a. LSJAL KESTEKNEL (Where deceased lived, if institution Residence before and in any event, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed admission) STATE 13b. COUNTY YES [ NO [ en pleose remove IS MOTHER'S MA DEN NAME First Lost Lost 16h SOCIAL SECURITY NO 17. INFORMANT Helen Yes, na ar unknown) (It yes give war or dates of service) irs. d for use as the beriol-transit permit. Then pl af Health pr.or ta buriol, cremotion, or removal, B. CAUSE OF DEATH (Enter only are cause per line tor (a) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) signed by the Conditions, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the hospital or attending physician. stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDUT ONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDUTION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 4200 190 DATE OF OPERATION 19b, CONDITION FOR WILCH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. director, page 3 should be detached should be filed with the State Dept. af 21d INJURY OCCURRED ( AT HOME FARM, STREET, FACTORY, ) 21F COCATION 21e. PLACE OF INJURY Street or RED No. City or Town Caunty Stote While Not while at work 22a. I certify that (!) (this haspital) attended the defeased fram. and that in (my) (ger) apinion death accurred on the date and hour and from the saw the deceased at ve an\_\_\_ causes stated above, (1) (we) (old) (did not) view the bady after death. 22b SKGNATURE ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 12/26/1968 23a\_BURIAL, CREMATION, Brendy autopecty) 23c. NAME OF CEMETERY OR CREMATORY New Cathedral Cometery 23d LOCATION (City or Tawn) (County) Baltimore Maryland 24 funeral Director & Sons 4101 Edmondson Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ficate be executed within 24 hours after death.

and completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plays and and completely filled in by the director, page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriof, cremation, or removal, and in any event, within 72 haurs at

VR A15/(4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif

Page 4 may be retained by the haspital or attending physician.

	1.6946				CERTIF	ICATE OF	DEATH				16958	}	
1 D	ECEASED NAME	First		Middle		Last		20. DATE OF		- 0-			HOUR A
L '	Type or print) DOR:	IS N	ACE	LENORA	В	LACK		DEC.	Manth	2 00)	1968	1:	20 <sub>M</sub>
3. SI	FEMALE		4. RACE	บ		5. DATE OF 5/12	BIRTH <b>/19</b> 09		6 AGE (In y	ears ay) YRS	IF UNDER 1 YEAR MONTHS DAYS	HOLRS	24 HRS. MIN
	BIRTHPLACE (State or fo		75 CITIZEN C	F WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MA	ARRIED [] 9	Baltin					Md.
	Towson			11. NAME OF HOSPITAL OR give street address) Greater	Balto.	Hospita	during mas	occupation stafwarkingl Secreta:	ife, even if r	et-red.}	12b, KIND OF INDUSTRY Banki		OR
13a adm	USUAL RESIDENCE (Wh ussian) STATE Beltimore		ed lived, if in	striution Residence besc		or town	YES NO		eet and nui a Mart		Hall 212	212	
14		rst	Midd	tle Las	P	1	MAIDEN NAME FIR		٨	Middte		Last	
L	Roland						ord Brig	gs					
	. WAS DECEASED EVER ! fes, no, or unknown)		IED FORCES? or or dates of service	16b SOCIAL SECURI 216-44-2		INFORMANT	A.Briggs	(Uncle		ddress Burc	212] hwood A		
	18 CAUSE OF DEATH WART I DEATH	VAS CAUSED IMMEDIA nich gave	BY: TE CAUSE (a) DUE TO, (b).	or line for (a), (b), and Bond, Ma OR AS A CONSEQUENCE RACHATIC OR AS A CONSEQUENCE CONSEQUENCE WORK A CONSEQUENCE WORK A CONSEQUENCE WORK A CONSEQUENCE	of the	rayux		gastra	z hits	estin	BETWEEN C	MATE INTERS	
CERTIFICATION		さた土	DITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED	TO THE TERMIN Riplut 20a. A YES D	Preast ORCO	ONDITION GIVEN	IN PART 1(o	1)	CONSIDERED IN C	ERTIFYING	3
MEDICAL CERT	21a. ACCIDENT WAS I	AUSE OF DEAT	H HOUR	ME OF INJURY A.M. Manth Day Y. P.M.			CCURRED (Enter	nature of njur	y in Part I a	r Port 2,	Item 18}		
ME	21a. INJURY OCCURRE While Not while at work of work	D 21e.	PLACE OF INJ	JRY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.		1	eet or RFD Na	,	ar Tawn		Caunty		itate
	saw the dec	eased a	ive an	attended the dece did) (did nat) view t	<u>19_625_,</u> c	ınd that in (:	<b>3.</b> , 19 <b>_6</b> my) (аиг) аріп	≰, ta nan death a	ccurred ar	, 19 n the do	_68_ , that ate and hour	(I) (w and fra	e) last im the
	22b S.GNATURE E	RS	3000	المِمّا	DE	GREE PHYS.	DIF	ED RECTOR	STAFF PHYS.		DATE SIGNED	2/6	8
	NAME (Type)			0		200 71							
24,.	BURIAL, CREMATION, REMOVAL(Specify) BUTIAL FUNERAL DIRECTOR LUTENIA K.		/5/196		on Parl	Cemeta	75a, REC'D BY	REGISTRAR	imore	, 1/d	(County)	(State	)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

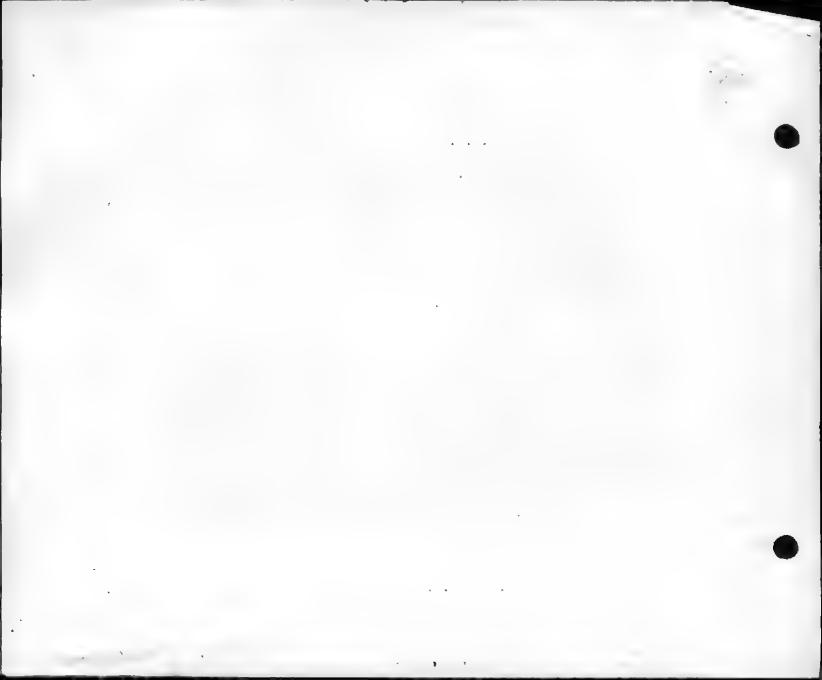
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican ohd completely filled in by the director, page 3 should be detached for use as the burial-transit permit. They please femove carban papers. Pag should be tiled with the State Dept. of Health prior to burial, cremation, or remayor, and in any event, within 72 hours a

VR A15 1 69

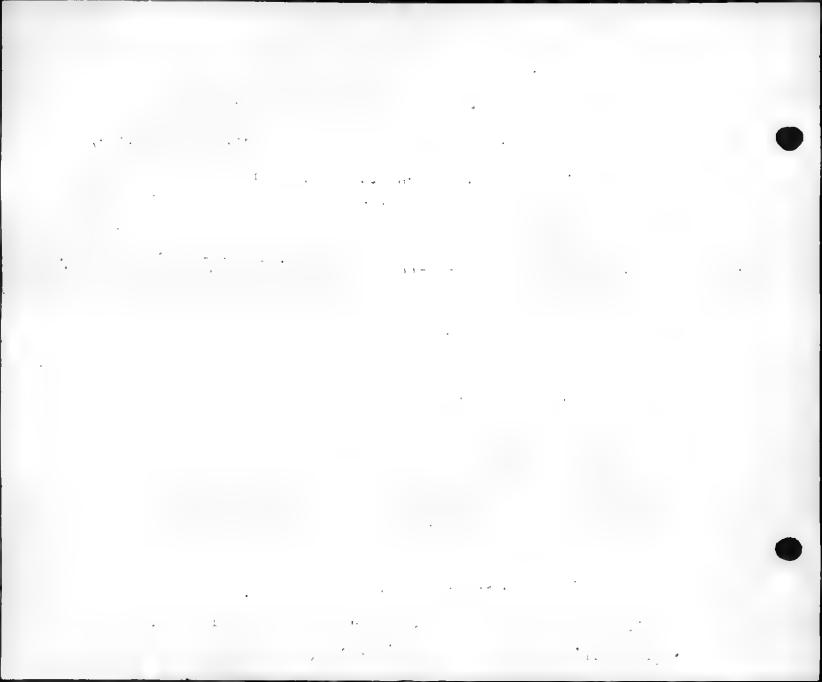
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	-2.	TOO E	•			CERTIFICA	TE OF DEA	TH			1695	9		
1		ECEASED-NAME	First		Middle		Last	20	. DATE OF DEATH			2b HOUR		
	(1	(ype or print)	Marian		Louise	Bog	ia	I	ecember Month	Day	Year 68	8.10		
	3 SE	X		4 RACE			DATE OF BIRTH		6. AGE (.r	years	FUNDER LYEAR	IF LINDER 24 HRS.		
		Fe	male		White		2-1-0	09	last birth	hday) YRS.	MONTHS DAYS	HOURS MA		
		BIRTHPLACE (Sto	ote or foreign	76 CITIZEN	OF WHAT COUNTRY?	8 MARRIED TX	NEVER MARRIED	9 00	UNTY OF DEATH					
	נטטז	Mar,	yland		U.S.A.	WIDOWED			Baltimore			Md		
	10. C	ITY OR TOWN	OF DEATH		11 NAME OF HOSPITAL OR IN	ISTITUTION (It not	in hospital 12a	JSUAL OC	CUPATION (Kind of w		126 KIND OF			
ζ.		Tow			give street oddress)	Hospit	al dur	ing most of Sec	working life, even i retary	fretred)	INDUSTRY Banki:	no		
0	13a.	USUAL RESIDEN	iCE (Where decease	d lived, if	institution: Residence before	13c CITY OR T	OWN 13d INSIO	E CITY LIM TS?	13e, STREET AND N	IUMBER				
	ogiiii	ission) STATE	and	130 COC	Baltimore	Tow	son YES	] №0 <u>[</u> Z	500 Br	ook R	d, 2120	14		
71	14 F	ATHERS NAME	First	Mi	ddle Lost		NOTHER'S MAIDEN N.			M-ddle		Last		
′ I			Robert			urough		Rac	chael		Griff	ith		
	16a	WAS DECEASED	EVER IN U.S. ARME Dwn) (If yes give wo	D FORCES?	A Committee of the Comm		ORMANT			Address				
1		No	( , , , , , , , , , , , , , , , , , , ,	01 40147 9- 301	220-32-2	870 R	oland A	. Bos	zia	(Same				
		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)										APPROX MATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Bilateral Broncho Pneumonia												
		485	5" X		), OR AS A CONSEQUENCE OF									
4			any, which gave)	(t	)									
			nderlying cause (		, OR AS A CONSEQUENCE OF									
		lost. (c)												
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)												
	NO	4111												
	CERTIFICATION	19a DATE OF O	PERATION 196 C	ONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20a AUTOPSY?		20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			.RTIFYING		
	RTIF	A STIPPING					Mar-	10 🗆		OF DEATH?				
			T WAS UNDERLYING ING □ CAUSE OF DEATH		TME OF INJURY  A.M. Month Day Year		INJURY OCCURRED	(Enter natu	re of in any in Part 1	or Part 2, It	em 18.)			
	MEDICAL	(If either not)	fy medical examine	r)	P.H. 1	9								
		21d. INJURY O	OCCURRED   21e P	LACE OF IN	JURY (AT HOME, FARM, STREET, FA	CTORY ) 21f LOCA	TION Street or R F	D Na	City or Town		County	Stote		
1		While No												
1		22a. 1 certi	ify thou (t) (this	haspital	) attended the deceas	ed from	12-17-	19.68	to 12-21	, 19 \$	⊇Ö, that,	(we) last		
		canses	ne aeceasea all s stated above.	(M (we)	12-21- (did) (did fot) view the	body after de	notin (Devy) (our	) opinion	death occurred (	on the dot	e and haur o	and from the		
		22b. SIGNATUR		0 1	//	baay arror ao				22c D	ATE SIGNED			
-1			Amus	L 1/2	4 mil).	DEGREE	ATTENDING PHYS	] MED DIRECTO	OR STAFF	x 12	2-21-68			
1		22d. PHYSICIA	NS Same	-7.0	Too NO D		22e ADDRESS							
		NAME (Ty	pe) Samu	eT C	· Lee M.D.		7620	York	Rd., Tows	on, Mo	d. 2120	4		
	230	BURIAL, CREMA	ATION, 236 DA	TE	23c NAME OF	CEMETERY OR CR	EMATORY	23d	LOCATION (City or 1	iown)	(County)	(State)		
		REMOVAL (Sper	12	/24/		ine Pa	rk	V	Voodlawn	Bal	Lto.Co	. Md.		
1	24.	FUNERAL DIRECT	ikins &	Sons	S Co. 4905	York R	25 n R	C 2 4	ISTRAR 25b. R	REGISTRAR'S S	IGNATURE			
	11	* 44 * 0 GT	THEFT OF	Ba	il to 12. Md	TOTA II	DATE	. 0 4 4	1968 🔏	Marl	as Janes	12		



Ellsworth Armacost-4600 Liberty Hghts. Avenat EC 3 1 1968

VR A15 (4) \_30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16949 16961 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED-NAME Erst Last 2b. HOUR P within 24 haurs after death 10 Day (Type or print) Month 12 :50 Edgar Phillin Brandt 6 AGE (in years 3. SEX 4 RACE S DATE OF BIRTH SE JNDER 1 YEAR iast birthgay) npletely filled in by the e carban papers. Page vent, within 72 hours at 9/10/1906 Caucasian Male 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED WIDOWED [ DIVORCED [ Baltimore 120 USUAL OCCUPATION Kind of Swork done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of walking life eyen if cetired give street oddress Greater Balto. Med. Center INDUSTRY Towson 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIM TS? 13c CITY OR TOWN 3e STREET AND NUMBER 13b. COUNTY NO TX YES 🖂 DEEWOOD place remove and in any 14 FATHER'S NAME First Middle Last IS MY "LIPS MAIDEN NAME First 1. HANSON requires that the death certificate 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) SAME INIFE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) \_ Acute myelogenous leukemia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave to burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19c. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES. NO 🗀 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) Ē OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 11/9, 19 68, to 12/10, 19 68, that (I) (we) lost saw the deceased alive an 12/10 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the . 19 68 to 12/10 19 68 that (I) (we) lost be retained 3 shauld with the couses stated above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR DEGREE 12/11/68 PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Rudiger Breitenecker, M.D. 6701 North Charles Street NAME (Type) director, shauld b 23c NAME OF CEMETERY OR CREMATORY 23d LOGALION (City of Town) (County) (State)

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

VR A15

FUNERAL DIRECTOR



		- 1	Į "Į	tem6 Film 3438 12/31/63 k. MAKTLAND STATE DEPARTMENT OF HEALTH
• 1	l,			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16962  CERTIFICATE OF DEATH
	/		1 0/	10000
	the state of the s			CEASED NAME First Middle Last 20 DATE OF DEATH Mooth Day Year 25 HOUR
			3 SE	A PACE ID MORTE OF PIDTH A ACE I'D MORTE FINNISE YAR IF INNISE 24 NES
	A September 1	5		Flemale White 11/5-/1886 loss piritiday) MIR HOLES MIR
_	by Po			IRTHPLACE (Stote or foreign) 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF PEATH
	d in sers.		coun	trana Pa 4.5.4. WIDOWED DIVORCED DIVORCED MI
	und completely filled in by the remove carbon papers. Page n any event, within 72 haurs or		10 C	TY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired)  120 USJAL OCCUPATION (Kind of wark done during most of warking life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired)
	rarbc ent, v			USUAL RESIDENCE (Where deceased lived, if institutions Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER
	B = 5 0	3	odmi	STATE NO 136. COUNTY YES NO 1806 Old Joppa Rd.
	icate be executivities and complete remove	, and	14 E	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	n din			Gusten Daum Anna Hammar
	e death certificate battering after after after after after and any and and any ar remayal, and		16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address as, p.g., or Unknown) (II) yes give wor or doller of service)
	mhy en ava			unknown Tromas H. Dranat 1000 Via Joppa Road
	th ce			18. CAUSE OF DEATH (Enter only one cause per line far (5), (b), and (c))  PART I. DEATH WAS CAUSED BY  BETWEEN ONST AND DEATH  BETWEEN ONST AND DEATH
	ne death aftendir permit.			PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Chronic Myorundial faulure I with
	it the at the asit per mation			Conditions, If any, which gove )  DUE TO, OR AS A CONSEQUENCE OF  Conditions, If any, which gove )
•	hat n. y th ansi			rise to immediate cause (a).  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF
•	equires that the death certificate be executed by signed by the attending particles on burial-transit permit. Then please remaind, crematian, ar remayal, and in any			los artero Selevoli Cluche Vadellar D. L. Ma
	phy sign buri buri			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	w.re ling sen sen the		NO	41,
	IDING PHYSICIAN: The low requires that the death certificate be a by the haspital or attending physician.  After this certificate has been signed by the attending phymician to be defacted for use as the burial-transit permit. Then please is state Dept. af Health priar to burial, are material, and in	×	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IAN: The of or atticate ha for use Health	,	CERTI	210 ACCIDENT WAS UNDERLYING   216 TIME OF INJURY   216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18)
	Her free			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
	PHYSICIAN: ne haspital or this certificate etached for 1 Dept. af Heal		MEDICAL	21d INJURY OCCURRED T21e, PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 1 21f LOCATION Street or R.F.D. Ng (ifty or Town County Stote
	by the has frer this ce be detache State Dept.			While Not while of wark of wark
	by the free be deed State			22a, I certify that (1) (this hospital) attended the deceased from 1960, ta/d// 3 -1967, that (1) (we) los
	<u>-</u> - × - ::			sow the deceased alive on 2 19 2 and that in (my) (aur) apinian death occurred on the dote and hour and from the causes stated above, (I) (we) (aid) (did nat) view the bady ofter death.
	Phan Shart Hart			22c DATE SIGNED
	OR De re		-	- M- MMMAGUNINE DEGREE PHYS. DIRECTOR D
		1		22d. PHYSICIAN'S NAME (Type) 22e. ADDRIES 217.3
	NED Crar		23.0	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Yown) (County) (State)
	O HOSPITAL Page 4 may O FUNERAL director, pag should be fi		230	BURIAL, CREMATION, PARCELLA SPECIAL SP
			24.	FINERAL DIKECTION I ADDRESS PARTIES ADDRESS PA
	VR A15 (4 30M REV 1	/68		John A. Moran Inc. 3000 E. Balto St DAIDEC 20 1968 Jelianles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution; Residence before admission) b. COUNTY a. STATE ല MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Baltimore e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 7111 Campfield Road NO XX within West Rd YES certificate be executed within campletely carbon NAME OF DATE Month Middle Last Year DECEASED lease remove carl and in any event, (Type or print) Earl DEATH 19 6. COLOR OR RACE DATE OF BURTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Devs Hours and 10 WIDOWED DIVORCED [ Nov .21 1905 Ittending physician a ermit. Then please re on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 45 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT IC FUNERAL DIRECTOR: After this certificate has been signed by the Intenc director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) 216-05-2554 Mildred Bray-7111 Campfield Road INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions. If eny, which (b) gave rise to immediate DUE TO (8). stating underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU DISEASE CONDITION GIVEN-IN PART 1(a) PERFORMED? YES [ NO -20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205 WEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Whlle Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. DATE SIGNED SIGNATURE 22h. 22a. ATTENDING PHYS. M.D. DIRECTOR PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION. 23b. (State) REMOVAL (Specify) Loudon Park Cemetery 2-24-68 Baltimore, Md Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Ellsworth Armacost-4600 Liberty Hohts 15M 4-64

within 72 hour filled in by papers

hin 24 havrs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut

Page 4 may be retained by the haspital or attending physician

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

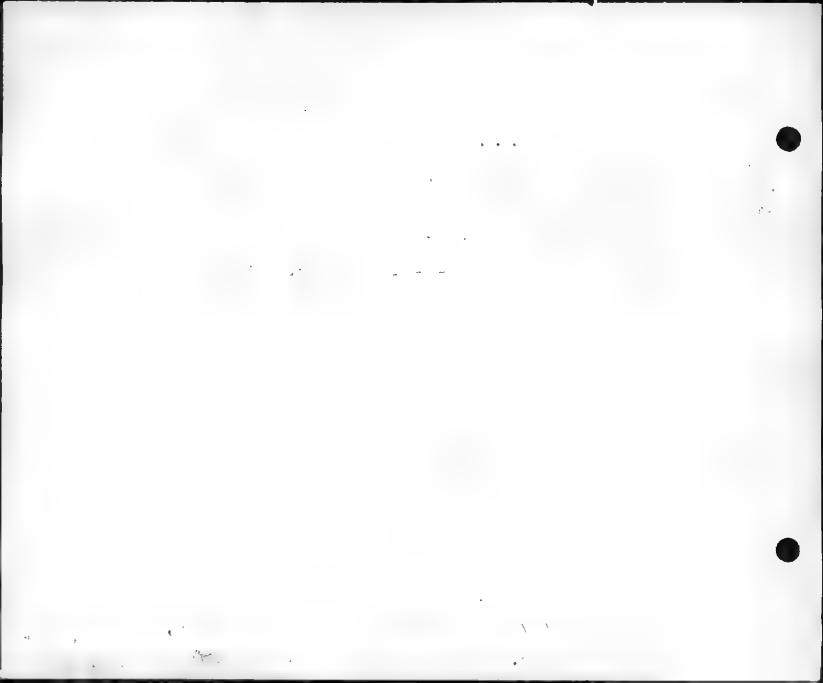
	1000			CERTIFICA	ATE OF DEATH	1	,	16	964
		First	Middle		LOST		DATE OF DEATH		2b HOURD
_		illian	P.		ristow	De	cember 20,	1968 Yeo	1:15 <sub>M</sub>
3 !	Hemale		nite		4-30-188	7	6 AGE (In years last-birthday)	IF UNDER 1 YE MONTHS D	AR IF UNDER 24 MRS AYS HOUR, MIN
70	B RTHPLACE (State or foreign	1		8 MARRIED	NEVER MARRIED		NTY OF DEATH		
	min Baltimore	U.S.A.		MIDOMED D	D VORCED	В	altimore		Md
	Towson	St.	ME OF HOSPITAL OR INS treet address) OSOPH H	ntunon (Hina ospi <b>tal</b>	in hospital 12a U during		PAT ON (Kind of work do orking ife, even if retire <b>ker</b>		D OF BUSINESS OR Y
13o adr	USUAL RESIDENCE (Where de	reased lived if institution 13b COUNTY	on Residence beføre	Baltin	OWN 138 NSIDE C	TY LIALTS?	13e STREET AND NUMBER 5703 Carter		#21214
14	FATHER'S NAME First	Middle	Last	15	MOTHER'S MAIDEN NAM	€ First	Midde	9	Last
	Robert		Applegartl		Na	nnie		P	hillips
lá	Yes, no ar unknown) (If yes	ARMED FORCES? give war or dates of service)	024-03-7		r Thomas B	Gier	Addres Same	S	
%C	Conditions, if any, which go rise to immediate couse ( stating the underlying col- last.  PART 2 OTHER SIGNIFICANT	Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse UE TO, OR AS A CONSEQUENCE OF							
CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT ON FOR WHI	CH OPERATION WAS PER	PERFORMED 200 ALTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?					N CERTIFY NG
MEDICAL CER	DR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. P.M.	Manth Day Year		V INJURY OCCURRED (E	nter nature	af injusy in Past 1 or Par	t 2, Item 1B)	
W	While Not while at work	21e. PLACE OF INJURY (			AT ON Street ar R F D		Cty or Town	Caunty	State
	22a I certify that (1) saw the decease couses stated ab	(this hospital) ofted alive an December (I) (we) (did) (	ber 20.	900 and	that in (mv) (our) a	0 68 , opinion d	roDecember 20 eath accurred on the	019 <u>68</u> , tile date ond ha	not (A) (we) last our and from the
	22b. SIGNATURE	. C. Ba				MED DIRECTOR		22c. DATE SIGNED December	20,1968
	22d PHYSICIAN'S NAME(Type) Lil	ia Baldonac	do, M.D.		22e ADDRESS 7620 Yorl	-Roa	1. Towson,	40 212	204
	BWY (STOTY)	3b DATE L2/24/68	23c NAME OF C		REMATORY	23d <b>Ba</b> .	location (City or Town)  ltimore, Mai	(Caunty)	(State)
0.1	CLINICOAL CADICATOR		ADDOTCC		[ A. D	DIA DEDICE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and kampfell to director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, with

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Leonard J Ruck Inc. Baltimore. Maryland

25b REGISTRAR S SIGNATURE



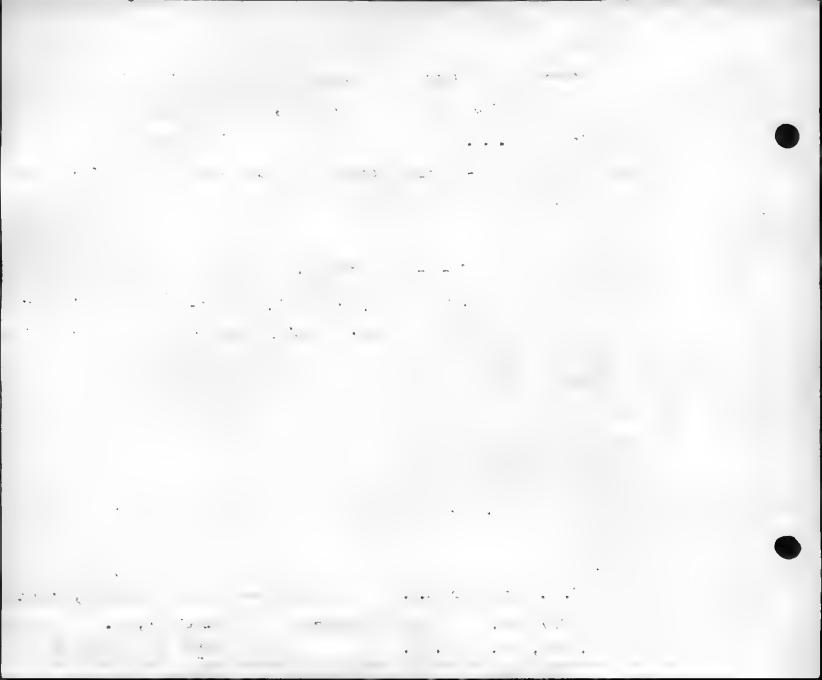
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16953 CERTIFICATE OF DEATH

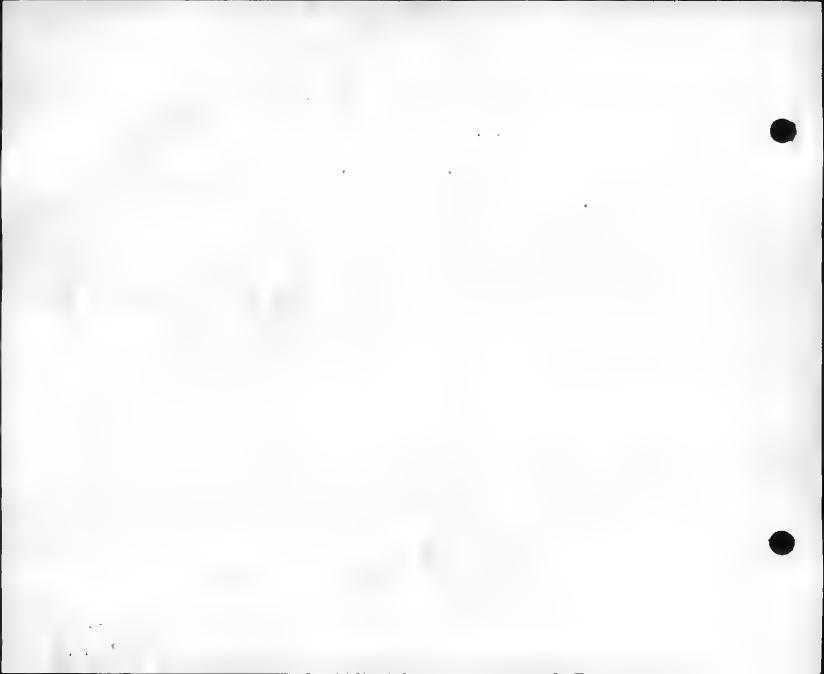
L	169,	53			CERTIFICATE OF DEATH					16965		
	DECEASED-NAME First Middle Type or print)		Middle	Last 2a. DATE OF DEATH					av Year	2b HOU	JR	
	(1Abe at buut)	Raymo	nd	Hayse	F	ristow			12	12 68		М
3. 5	SEX		4. RACE			S. DATE OF E	IRTH		6. AGE (In years last burthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS A	HRS MIN.
L.	Male		White	3		June	10,19	05	63 YRS		FOURS   R	n jeg.
	BIRTHPLACE (State	ar foreign	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIE	D 🔀 NEVER MA	RRIED 🗌	9. COUNT	Y OF DEATH			
Luc	""'' Virgi	nia	U.S.A		MIDOME		RCED		Baltimore			Md.
10.	CITY OR TOWN OF	EATH	II NA	ME OF HOSPITAL OR IN	STITUTION (I	f nat in haspital	12a USU	IAL OCCUPA	ATION (Kind of work done	125 KIND OF INDUSTRY	BUSINESS OR	
L	Towson		DOA	reet pddress) -St Josep	h Hos	pital			rking life, even if retired)	Delica	tesse	n
13a	USUAL RESIDENCE	(Where deceas	sed lived, if institute 186. COUNTY	an Residence befare		OR TOWN	YES N	(1 (271MI)	30. STREET AND NUMBER			
	nissian) STATE Ma				Balt	imore	- X		6933 Harfor	rd Rd		
14,	FATHER'S NAME	First	Middle	Last		IS. MOTHER'S A			Middle		Last	
	Raym		J	Bristo			Blan	che_		Lev	ris	
16	a WAS DECEASED EV Yes, no, or unknown	ER IN U.S. ARA     (II yes give v	MED_FORCES? vor or dates of service)	166 SOCIAL SECURITY		INFORMANT			Address			
				216-01-97		Mrs Aln	a A B	risto	ow Same	APPROX.	MATE INTERVAL	
П	18. CAUSE OF DI	EATH (Enter on I'H WAS CAUSEI	ly one cause per in	e far (a), (b) and (c)	he.		1 1	91	+		INSET AND GEATH	<u> </u>
П	IMMEDIATE CAUSE (a) CAUSE 18 19 19 19 19 19 19 19 19 19 19 19 19 19											_
П	7109	/		S & CONSEQUENCE OF	4 1	L. 12	1.3	1.0	1 11 .:	15	MIN	/
	Canditions, if any		(0/12/2	Unosil	uor	r Car	Mich	asi	marrise	us J-	1-0	_
	stating the unde	rlying cause	DUE TO, OR A	S A CONSEQUENCE OF						/		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)											
	L/	GRIFICANT COP	IDITIONS CONTRIBOT	INO IO DEATH DOT N	IOS KELATED	TO THE LEWSHI	AL DISEASE OR	CONDITION	OFFICE IN TAKE ING			
TION	19a, DATE OF OPER	ATION 19b	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?	12	Ob. IF YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING	_
CERTIFICATION					YES 🗀			NO CAUSES OF DEATH?				
CFRT	21a. ACCIDENT W	AS UNDERLYIN	NG 216 TIME OF	INJURY	21c	HOW INJURY OF	CURRED (Ent	er nature a	f injury in Part 1 or Part 2	2, Item 18.)		—
MEDICAL	OR CONTRIBUTING			Manth Day Year								
P. O. P.	# ZIG. INJUKI OCC	URRED 21e.	11411	T AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. N	0.	City or Town	County	State	9
П	While Nat wat wark at wark	ide 🗆	,	, OFFICE BUILDING, ETC.	1	1			101			
П	22a L contiéue	that (I) /th	is haspital) atte	nded the decease	ed frame	1/24	, 190	<u>3, to</u>	10/12,1	968 , that	(I) (we)	last
П	saw the	deceased a	live and	(5)	19 6 8	ind that in (r	ny) (aur) áp	pinian de	ath accurred an the o	date and hour	and fram	the
П	22b. SIGNATURE	ated abave	e, (I) (we) (did) (	did nat) view the	bady afte	er death.						_
П	220. SIGNATURE	711/2	111111	dredon	11/10	GREE PHYS		MED. DIRECTOR	STAFF -	c. DATE SIGNED	11.8	
	22d. PHYSICIAN'S	11/1/10	www.co	wood	50- 50- 00	GREE PHYS 22e. AD		DIRECTUR	PHYS. L.	7710-1	90	
	NAME (Type)	G. M	Baumgro	iner M.D.				adeli	ohie Rd Bel	timore	Marul	and
23	BURIAL, CREMATIC	N, 23b		23c NAME OF	CEMETERY				CATION (C#y or Town)	(Caunty)	(State)	
	Burial Sector	,	/16/68.			Cemeter	У		Baltimore,	Md.		
24	FUNERAL DIRECTOR			ADDRESS	2727	ıl.	2So. RECE	BY REGIST	RAPIOC DESD. RESPONSAS		442	
	Leonard	o. nuc	K, Inc. E	Balto. Md.	212]	rt	DATE	ATO	wah !	4	0	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pursician and campletely filled in by the fundrector, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and throng eyent, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

30M REV. 1 68



MARYLAND STATE DEPARTMENT OF HEALTH



24 FUNERAL DIRECTOR

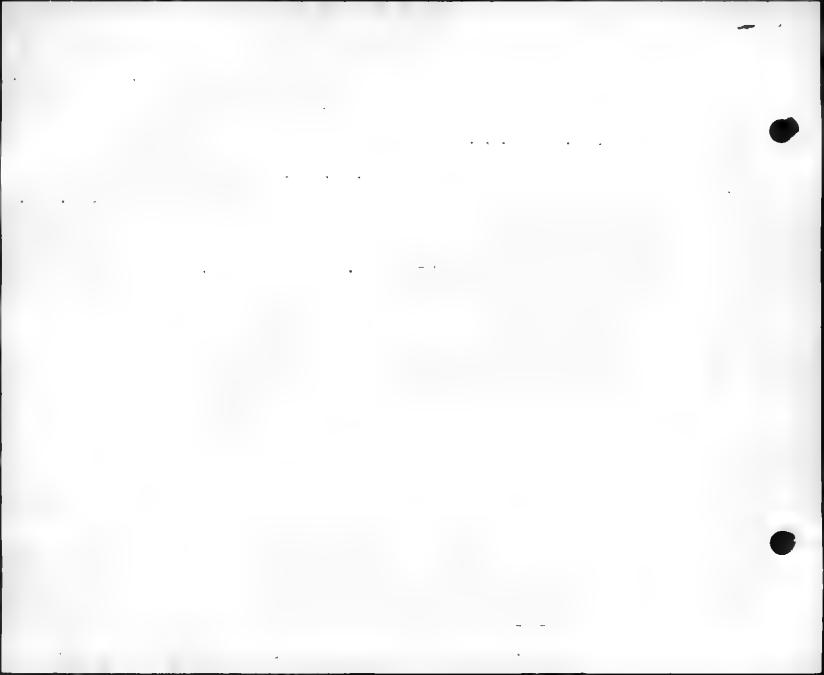
SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

VR A15 (4)

25a. REC D BY REGISTRAR

1968

256 REG STRAR'S SIGNATURE



fter death. Page 4

TENTING ENYSIGEN: THE low require that the death certificate be executed wi

TO HOSPITAL OR

VR A1S (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

**CERTIFICATE OF DEATH** 

16968

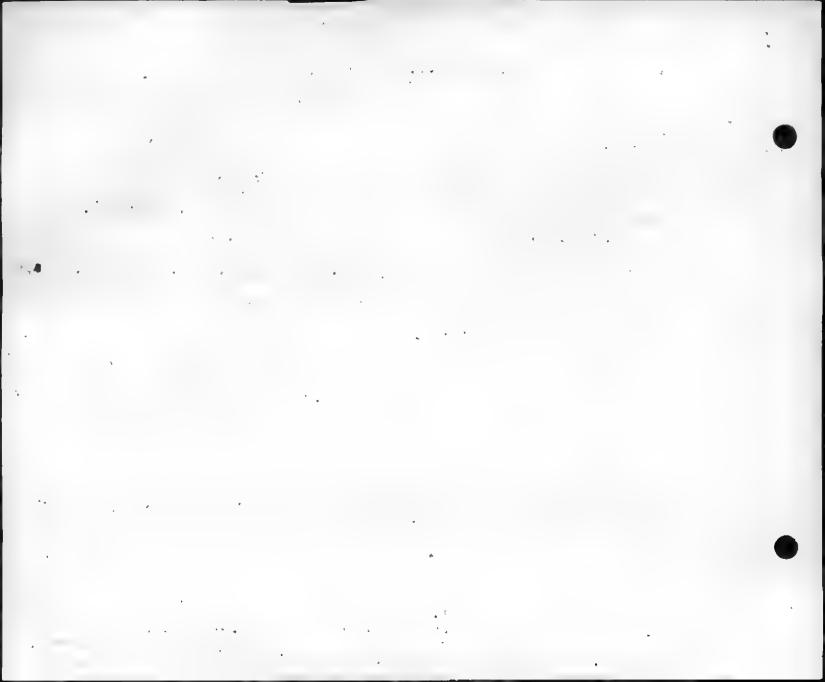
	1. PLACE OF DEATH  G. COUNTY	2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b COUNTY							
	Balte: MARYLAND	med. Butle							
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	12 rudshaw 50 yrs	Bradshaw							
	d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?							
No.	12 tet hers Rd.	Pfeffers Rd. YES NO [							
1	3 NAME OF Pirst Middle	Last 4 DATE Month Day/ Year							
,	(Type or print) ///ARGARET W,	19ROWN DEATH 12/1/68 19							
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min.							
	F. NEGORO WIDOWED DIVORCED	12/18/1892 Gost Britingay Months Doys Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	L'omestre Vivale Hone	o red. Cos. H.							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Joshua Wandin	Sophia Taylor							
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. II	NFORMANT Address							
	Vico anthronen Mis	rand toluson, Kerry Holl, Med							
	18 CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COOMA LY	6 celusion 1 hade							
	4/00 DUE TO								
	Conditions, if ony, which) (b) a terest tele	when scarl disease with							
	gove rise to immediate DUETO								
	cause (a), stating the under- (c)	lenten							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO Z							
	200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of Item 18.)							
	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	2	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)							
	Hour o. m.  19 While Nat while to work to the p. m.	city, steel, office stugg, etc.)							
	21 I certify that (1) (this haspital) attended the deceased fram.	Jan 1950 to Decl 1967, that (1) (we) last							
		death accurred at 3 P.M. from the causes and an the date stated above							
	220 SIGNATURE								
	tred of todous	M.D. ATTENDING & MED. STAFF DIRECTOR DIRECTOR 12-1-6 & SIGNED							
q	22c PHYS CIAN S NAME (Type)	22d. ADDRESS							
i	Fred C. Hodois	Edgewood Md							
	230 BURIAL, CREMAT ON 236 DATE THEREOF 230, NAME OF CEMETERY C	OR CREMATORY 23d LOCATION (City, town, or county) (State)							
,	Burne 12/5/68 asbury	71. Condres White Marsh Ma.							
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
	Um. V. Cuchuan 1-110/11/20 Cer	Close St DATE UEUS 1968 (Clianter Judge							
	Baltz.	led.							



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16969 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWN TO Manth | (Type or Print) GENE В. BRUNS Poge DEATH MATED 6 AGE ( n years E LINDER 1 YEAR IF LINDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD gud 57 vi Female Cau. 12-15-1911 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARR ED NEVER MARRIED 9 COUNTY OF DEATH rountry Pennsylvania U.S.A. WIDOWED -Baltimore DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done This certificate should be executed within 24 hours ofter death Office along with 12b KIND OF BUSINESS OR give street oddress) 207 Baltimore during most of working life, even if retired ) 21212 N. Tyrone Rd. Homemaker Home 130 USUAL RESIDENCE (Where deceased lived, functional Residence before 13c CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER odm ssion) STATEMarvland 136 COUNTY Baltimore Baltimore 2127F2 NO [ 207 N. Tyrone Road tem ] lond 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Robert S. Brown Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) John J. Bruns, Jr., Same as # 13 within APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) permit. forwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a), Word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES F 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D No. City or Tawn County State foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection T. Induiry ond in my opinion Natural causes Accident death resulted from? Spicide Homicide Undetermined monner [ CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O DEPUT **EXAMINER'S** NAME (Type ADDRESS(Street, city, town, or county) 230 BUR AL CREMATION. NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) BUCLA (Specify) 1969 Greenhill Cemetery Waynesboro. Penna. 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REG STRAR 25b. REGISTRAR S SIGNATURE VR ATSME SI Wm. Cook-Brooks Towson, 1050 York Rd., Towson, MayAN 3

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17	Va I		MARYLAND STATE DEPARTMENT OF HEALTH
<b>5</b> 1/4	$\propto$		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16970
. \		Lt	em#8Film#G408 12/31/68 vmp CERTIFICATE OF DEATH
£ \_ C/\(\frac{1}{2}\)			CEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
de de de		1.1	ype or print) NAN BRUNZELL Month 12 Day. 20 Year 68 11 A.
e de se		3. SE	S. DATE OF BIRTH  6 AGE (In years of birthday)  7/18-2  6 AGE (In years of birthday)  MONTH'S DAYS HOURS MIN.
t haur? in by ers P 2 haur		toyı	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH .
thin 24		10. (	ITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita   12a USUAL OCCUPATION (Kind of work done   12b KIND OF BUSINESS OR   during most of working life, even figetired)   INDUSTRY
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camplet ave car y event	1 4		22 V. Rogers Ave
and rem	ş	14. 1	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
e be			S. Thompson Corn Emma B. Corn  WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 117 INFORMANT Address
icate by			es no ne unknown) (Il viis give wei or dates of service)
phy phy nen nava		=	no Mrs. Carl Carlson, 58 N. Rogers Ave. 2128.3
hat the death certificate to n. y the attending physician ansit permit. Then please matian, ar remaval, and			PART I, DEATH WAS CAUSED BY
attendi permit. Ian, ar r			IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
t the			Conditions, it only, which gove (b) Pttle botter our boss days
quires that the physician. signed by the burial-transit ourial, camat			storing the underlying couse last (c)  DUE TO, OR AS A CONSEQUENCE OF  Co  Co  Co  Co  Co  Co  Co  Co  Co  C
quir phys igne igne ourio			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Doff and Medical Econo
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The lay attending the bas be se as the lay in large	>	T.FICATION	19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY?  YES NO CAUSES OF DEATH?
ate ar us		L CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
Pier Pier Pier Pier Pier Pier Pier Pier		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, natify medical examiner) P.M. 19
he has this ce detache Dept.		M	21d INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D No. City or Town County Stote
ING by t ffer be o			22a. I certify that (I) (this haspital) attended the deceased fram $3-31-19.68$ , to $12-20,19.62$ , that (I) (we) last
TEND ined OR: A ould			saw the deceased alive an 17 - 20-1965, and that in (my) aur apinion death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death.
O HOSPITAL OR ATTE Page 4 may be retain O FUNERAL DIRECTOR director, page 3 shau should be file with th			226 SIGNATURE  Valle Covero DEGREE ATTENDING MED. STAFF   22c. DATE SIGNED   12-20-68
ral C ray by Al Di page e filel	1		22d. PHYSICIANS C - CA D 1/A 3 4 E C 22e ADDRESS 1
A THE NER	- /		186.54 5.000
Page 4 no Funer director, should b		23a	BURIAL CREMATION, 23b. DATE FS NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5-5-8		24	Burial 12/23/68   Sam Houston National It. Sam Teams
VR A15 (4 30M REV, 1	4) /68	17.	Roward County Puneral noise of
		_	Harry H. Witzke, Ellicott City, Md. 21043 DANEL 23 1500



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16971 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME 2a. DATE OF DEATH First 2b HOUR within 24 hours after deoth (Type or print) MARY ELIZABETH BUCHANNON 3. SEX 4 RACE 5 DATE OF BIRTH F UNDER 1 YEAR 6 AGE (In years ely filled in by the f bon papers Pages within 72 hours afte last birthday) 12-28-03 COLORED FEMALE 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or fore an 8. MARRIED X NEVER MARRIED country) DIVORCED [7] U.S.A. WIDOWED [7] VIRCINIA BALTIMORE 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUA: OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125. KIND OF BUSINESS OR during most of working ife, even if retired.) give street address) Box 217-Glenarm. INDUSTRY GLENARM Maryland Domestic Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 😓 MARYLAND BALTIMORE NO [ Box 217-Glenarm, Md. GLENARM IS MOTHERS MAIDEN NAME First Middle 14 FATHER'S NAME First M.ddle last Walker Ernest Daisy Jackson 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] burial, cremotion, or removol, 214-18-5681 Charles Buchanwow Box 217 Glenarm, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or ottending State Dept. of Health prior to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING [ ] CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while at work 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type) Dr. S. E. HARRIS 8100 Harford Road director, pshould be

VR A15 (4) 30M REV, 1/68

REMOVAL (Specify)
Burial ADDRESS 24 FUNERAL DIRECTOR Marshall W. Jones, Jr. 1735 Harford Ave.

23b. DATE

12-5-1968

23a. BURIAL, CREMATION,

Mt. Auburn Cemetery 2Sa REC'D BY REGISTRAR

23c NAME OF CEMETERY OR CREMATORY

1968

23d LOCATION (City or Town)

Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATUR Milanes



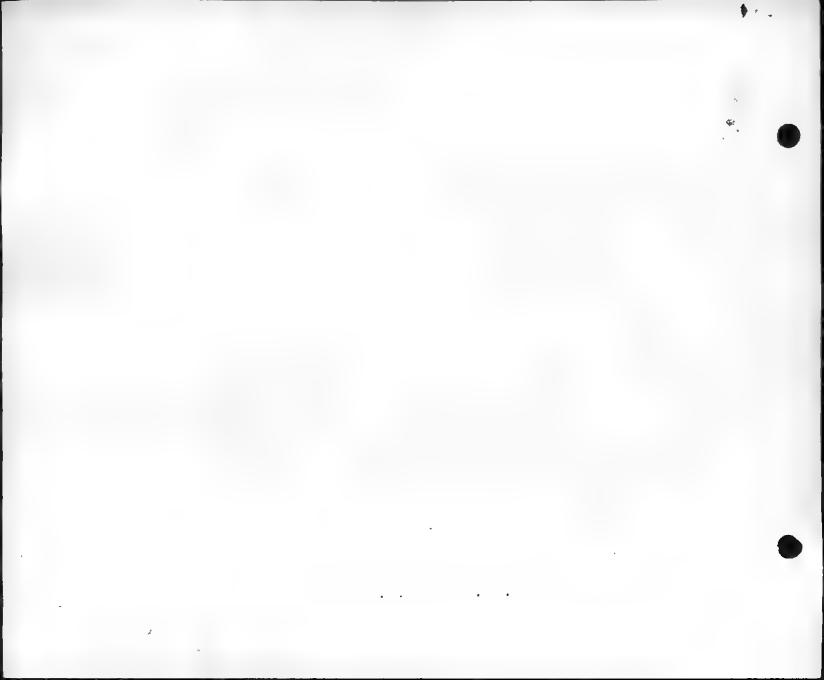
/		Tham I Film Chor	12/23/68 MARYLAN	ND STATE	DEPARTMENT OF	HEALTH			
		4 3000	DIVISION OF VITAL RECORDS,	, 301 W. PI	RESTON STREET, BAL	TIMORE, M	ARYLAND 21201	16972	) 2
- ~ -	1 0	ECEASED-NAME First	Middle	CEKTIFIC	ATE OF DEATH		OF DEATH		
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funeral and and er deot	3. 51		ERT S. BUMGARNER	בטע	S DATE OF BIRTH	Dec	6. AGE (In years	1968 IF UNDER LYEAR	9:30
t Part		Male	White		June 7th,	1902	last burthday) 66 YRS	MONTHS DAYS	HOURS MIN
an de la contraction de la con	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY			
2 E 25	tuoi	Balto. City	USA	MIDOMED	D. VORCED [	Bal	timore		N
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled the by function of physician and completely filled the by function of the property of the other for use as the burnal-transit permit. Then please remove earbon papers. Sages I and 2 should be filled with the State Dept. of Health prior to burnar, cremation, or removal, and in any event, within 71 bours after death	10.	onkton, Balto,	Co. In NAME OF HOSPITAL OR IN give street address)  Cld York	rstitution (if n	at in haspital 12a US during i	JAL OCCLPATI	ON (Kind of work done of life even if retired )	126 KIND OF E	BUSINESS OR
Setely from the set within	13a	USUAL RES DENCE (Where decease	ed 1 fed, if institution; Residence before	IBC CTY OR			STREET AND NUMBER		
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and for remove		FATHER'S NAME First	Middle . Last	15	MOTHER'S MAIDEN NAME	First	M. ddle		Last
ate be	L	Albert L. Bumg			Pauline Mc	Cless			
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he death cer offending p permit The ion, or remo		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)	1)	0 . 1	1	•	BETWEEN ON	NSET AND OFATH
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equires that the death certificing physician. Signed by the offending physicians to principle from the physicians of the		last	10 Clakus		otic car			Wiens	yes
Physical Phy		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBLTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	CONDITION G	VEN IN PART 1(a)		0
e law ri tending is been as the prior to	NOI	19g. DATE OF OPERATION 19b (	CONDITION FOR MINISTER AND	FREGRATES	(2) 41/2000	lost	1, 100 1100 1100 1100		
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of the house	CERT	21a ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY	121c. H€	DW INJURY OCCURRED (En	_	Darry in Part 1 or Part 2 1	tem IR \	
pital or rification of Hec	MEDICAL	OR CONTR BUTING CAUSE OF CEATH	HOUR A.M. Month Day Year	9		01 10 070 01 17	2019 11 1 1011 1 107 1 107 12, 1	10111 70 )	
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DING PHYSIC by the hospii ther this certi be defached Stote Dept. of		While Nat while at wark	,						
DING J by It After J be d		22a. I certify that (I) (thi	s hospital) attended the deceas	ed from	5 - 6 , 19	66, ta_	12-5-19	68 , that	(I) ( <u>we</u> ) io
R. /		canses stated above	(i) (we) (did) (did nat) view the	bady after a	i that in (my) ( <del>au</del> r) aj leath	binian deati	h accurred an the da	te and haur a	ind fram th
R AI retol		22b S GNATURE	01/0000	7		MED _	22c 0	ATE SIGNED	
be be led	١.	uguis	7 Grmon	DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS	2-6.	68
TO HOSPITAL OR ATTENI Poge 4 may be retoined O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Alfre	d G. Ossman M. B.		22e ADDRESS 1101 St	. Paul	Street-Balt	to.	
Page 100 Pour Pour Pour Pour Pour Pour Pour Pour	23a	BURIAL, CREMATION, 23b D		CEMETERY OR	CREMATORY	23d LOCA	TION (City or Town)	(Caunty)	(State)
22 2 2 2					nurch Cem.		nkton, Balto		
VR A15 4		FUNERAL DIRECTOR  itchell-Wiedefe	old Home-6500 York	Rd. 2	L212 DAYE DE	by registrar C 9	1968 PEG STRAR'S	SIGNATURE	lat



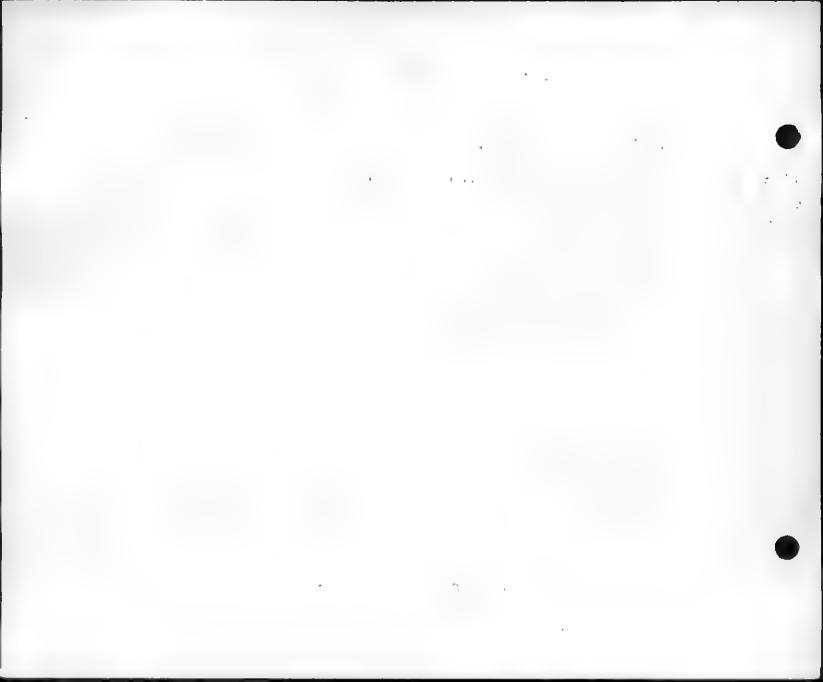
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16961 CERTIFICATE OF DEATH 18525 DECEASED NAME LOST 20 DATE OF DEATH 26 HOURD . death. (Type or print) Dawn Michelle Burall December 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR lost birthdoy) Female White December L 1968 70. BIRTHPLACE (State or foreign PHYSICIAN: The law requires that the death certificate be executed within 24 haur 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B MARRIED NEVER MARRIED country) Maryland Baltimore WIDOWED [ DIVORCED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working fe, even if retired) INDUSTRY Towson TOWSON St. Joseph Hospital

130 USUAL RESIDENCE (Where deceosed lived, of institution Residence before 13c OTY OR TOWN 138 INSIDE CITY LIM TS7 13e STREET AND NUMBER odmission) STATE 13b COUNTY . . YESTX NO ON 6880 McClean Blvd. Baltimore burial, crematian, ar remaval, and in any 14 FATHER'S NAME First signed by the attending physician and ibunal-transit permit. Then please rem IS MOTHERS MA DEN NAME First Bryan Nicholas Burall Patricia Winterling Garland 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN DASET AND DEATH Immaturity DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse( PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the Alauld be filed with the State Dept. af Health priar ta 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? № □ YES [X] 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 2 d INJURY OCCURRED 2) e. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Cty or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 12-4- , 1968 to 12-7- , 1968, that (2) (we) ast saw the deceased alive an December 7, 1968, and that in (my) (our) apinion death accurred on the date and haur and from the causes stated above, (1) (we) (did) (blacket) view the body after death. 22b. S GNATJRE 22c DATE S GNED 12-9-68 MED DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Samuel 7620 York Road, Towson, Md. Lee, II.D 230 BURIAL (REMATION) REMOVAL (Specify) (Stote) 24 FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16973 CERTIFICATE OF DEATH M ddle DECEASED-NAMI Lost 2a. DATE OF DEATH 820A W (Type or print) Month Jeffrey Michael BURALL fled in by the fundaments. Pages 1 thin 72 hours ofter 3 SEX 4. RACE 5 DATE OF BIRTH 24 hours after 6 AGE (In years IF LINDER 3 YEAR E JINOER 24 HRS last birthdoy) MONTHS 12/4/68 Mala White Newbornes 7o BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 🗍 NEVER MARRIED 🔀 country) Baltimore, burial, cremotion, or removol, ond in ony event, within 72 D-VORCED [ WIDOWED [7] Maryland U.S.A. 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
St. Joseph Hospital during most of working life, even if retired ) signed by the ottending physicion and completely function-transit permit. Then please remove varbon Towson 3a USUAL RESIDENCE (Where deceased lived, it institution Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Maryland .12b. COUNTY Baltimore YES NO F 6880 McClean Blvd. 4 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Lost Last Patricia Garland Bryan Burall Winterling 16c. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, ng. or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Immaturity DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) attending p prior to I has lleen 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🕱 Page 4 may be retained by the hospital ar OFURINAL DIRECTOR: After this certificate director, page 3 should be detacled for us 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year af. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. director, page 3 should be detacle should be filed with the State Dept 21d. INJURY OCCURRED Oty or Town County State While Nat while of work 220. I certify that (1) (this haspital) attended the deceased from 12/4/, 19/68, to 12/5/, 19/68, that (1) (we) last saw the deceased alive an 12/5/ 19/68, and that in (my) (our) apinion death accurred an the date and haur and from the saw the deceased alive an 12/5/1968, and that causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR 12/6/68 DEGREE 22d PHYSICIAN S 22e. ADDRESS Lawrence F. Misanik, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23a. BURIA. CREMATION (State) REMOVAL (Specify) 17-60-68 24. FUNERAL DIRECTOR VR A15 1968 DEC 1



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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f.	ype or print)	RICHAR	D :	P	BUR	K		DEC.	Month 19	oy 68teor	A
3. SE	MALE	4. RA	Œ Caucasia	an		5. DATE OF BIRTH 7-15-18	397		6 AGE (In years legit_birthdoy) YR:	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.N.
cour	BIRTHPLACE (Stote or foreign trivi) Maryland	,	ZEN OF WHAT CO .S.A.		MIDOMED	L		BA)	EATH LTIMORE		Md.
	ITY OR TOWN OF DEATH BALTIMORE			HOSPITAL OR INSTI BALTO •		not in hospital  CENTER			Kind of work doni fe, even if retired		F BUSINESS OR
13o. odm	USUAL RESIDENCE (Where Issuen) STATEMARY1	deceosed lived, and 13b.	of institution Recounty Balt:	imore	13c CITY O	- 1	NO CITY LIMITS?	1.44	eet and number heim RD.	Phoenix,	Md.
14. 1	FATHER'S NAME First		Middle	Lost		15 MOTHER'S MAIDE			Middle		Lost
	Andrew Bur						ine Tr	app			
160.	WAS DECEASED EVER IN U	S. ARMED FORC	d surview)	SOCIAL SECURITY NO		INFORMANT			Address		
	es, no, or unknown) (Fy		218	8-34-162	0 A	Mrs.Luci	lle Bur	k Ble	nheim Rd		c, Md
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  ARTERIOSCLEROTIC HEART DISEASE  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove is to immediate cause (o), storing the underlying couse lost.  (c)										DMSET AND DEATH
NC.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
CERTIFICATION	190. DATE OF OPERATION		IN FOR WHICH OP	ERATION WAS PERF		20o. AUTOPSY?	но 📉	CAUSES (	YES, WERE FINDINGS OF DEATH?		CERTIFYING
MEDICAL CE	210. ACCIDENT WAS UND DR CONTR BUTING CAUSE (If either, notify medico	DF DEATH H	P M	nth Doy Yeor		HOW INJURY OCCURR		ure of injury	in Port 1 or Port !	2, Item 18.)	
16	21d INJURY OCCURRED While Not while at work ot work	210 PLACE O	(Dirice	BUTLDING, ETC	1	LOCATION Street or			or Town	County	Stote
	22a. I certify that ( sow the deceo- couses stated (	I) (this hasp sed alive on above,(I) (v	ital) attended 12 <u>-</u> ve) (did) (did r	the deceased 19 19 1at) view the bo	l from 68 ai ody after	12-14 nd that in (my) (i death.	, 19 our) opinior	, ta n death oc	corred an the	9, tha date ond hour	t (I) (we) last ond from the
	22b. SIGNATURE	G. C	arali	1 HD	DEG	ATTENDING PHYS	MED DIRECT	OR 🗆	STAFF 22	C. DATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type) D	G. CA	RALIS,	MD.		22e ADDRESS					
230.	BURIAL, CREMATION, REIFOUAL (Specify)	23b. DATE 12-21-	1968	23c. NAME OF CE St.John		lenheim		Phoei	((lity or Town) nix, Mar	yland	(Stote)
	FUNERAL DIRECTOR	rooks	Tows	ADDRESS 1050 OU, Toul	YOU		REC'D BY REC		256 REGISTRAT	R'S SIGNATURE	lge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon, appearantly be filed with the State Dept of Health priar to burial, cremation, or remayal, and in ony evently within? 30M REV. 78

The funeral

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital or attending physician.

ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH COCA DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16975 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Middle First 2a DATE KNOWN Month Doy Yeor (Type or Print) OF ESTI-DEATH MATED Burlage Page Susanna 0. ďξ iny delay 4. RACE 6. AGE (In years IF UNDER I YEAR 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD M.N White 4-27-198 Female 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Calvert County Md. W.DOWED X DIVORCED [ U.S.A. 8 Give Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital after death 12a USUAL OCCUPATION (Kind of work done give street oddress) Joseph Hospital ning most of working the even if refired) Towson 4 HACKINE COERRTOR 130 US.A. RESIDENCE Where deceased lived if institution Residence before 13c CITY OR TOWN 2005 Berwick Baltimo 13e. STREET AND NUMBER Baltimore 2925 Berwick Avenue #34 hours Jand ofter 14 FATHER'S NAME IS MOTHER 5 MAIDEN NAME Meddle Lost pages hours 16b SOCIAL SECURITY NO pencil **ADDRESS** 티 APPROXIMATE NTERVAL 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY umonia IMMEDIATE CAUSE (d) event DUE TO, OR AS A CONSEQUENCE OF burial-transit farwarded to the Chief Conditions, if any which gave rse ta immed ate cause (a). writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONDITIONS ON BUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 161 ø 0.0 enera 112ed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 2.b T ME OF INJURY Manth, Day, Year 5 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of in Jey in Part 0 shauld 3 shau MEDICAL PRIMARY OR CONTR BUTING F SICAL EXAMINER: crematian, CAUSE OF DEATH 2 d .N.J.RY OCCURRED PLACE OF INJURY (At home, 21f. OCATION Street or R.F.D. Na. form, street, County Ydur Page lactory, office bu diry et AT WORK 220 I certify that I took charge of the remains described above, beld on Autopsy Inspect on 1 Іпрыну and in my opinion the funeral director. deoth resulted-from: Natural couses... Acc dent Surcide Homicide Undetermined monner CHIEF MED CAL EXAMINER ACTUAL FUNERAL 22b DATE/SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUT DEPUTY MEDICAL EXAMINER Mdy Health **EXAMINER'S** NAME (Type) Charles ADDRESS(Street, city, town, ar county) O'Donnel BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a REC D BY REGISTRAR 256 REGISTRARS SIGNATURE DATEDEC VR A15ME (5) TOM REV 1/68



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16976 CERTIFICATE OF DEATH

16	955	1131011 01	(		ICATE OF		,,,,,,,,,,	b, 1111111	TENIO EIL	-	1697	6
1. DECEASED-NAME (Type or print)	First		Middle	-	lost		2a. I	DATE OF		Dov	CO Year	2b. HOUR
	JOHN		ALFRED	В	UTCHER			12	Manth 28	007	60 100	2:15p*
3. SEX	4	RACE			S. DATE OF B	IRTH			6 AGE (In year last birthday)		IF UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS.
MALE			hi te		6/12/	/1922			46	YRS	- VALS	10000
'a BIRTHPLACE (Sto country)	ie or foreign 7b.	CITIZEN OF WH	AT COUNTRY?	8. MARRI	ed 🚺 Never Ma			NTY OF				
Baltimo	re Md.	USA		WIDOW		RCED			TIMORE	Co		Md
O CITY OR TOWN O		give F	ME OF HOSPITAL OR INS treet address) BAL	P. M	ED. CEN				(Kind af wark ife, even if reti <b>yead</b>		12b. KIND OF INDUSTRY Groo	
30 JSUAL RESIDEN odmission) STATE	(Where deceosed in Maryland	ved, if institute Ab COUNTY	on Residence before		or fown timore	13d. INSIDE CITY			6 Tiche		r Ave	
14 FATHER'S NAME Geo:	rge P. But	Middle Cher	Lost		1S. MOTHER'S N	a DEN NAME Dara B	First oehl	in	Mid	die		Lost
160. WAS DECEASED Yes, no, or wakno	EVER IN U.S. ARMED I	FORCES? lates of service)	16b SOCIAL SECURITY N 215-12-80		7 INFORMANT Margare	et M. 1	Butc	her	Addr Same			
			e for (a), (b), and (c).)								APPROX / BETWEEN O	MATE INTERVAL INSET AND DEATH
PART I. D	EATH WAS CAUSED BY IMMEDIATE O		EXTENSIVE	E LI	VER ME	TASTA	SIS					
1621	IIIIII C		S A CONSEQUENCE OF									
	iny, which gave)	(b) C	CARCINOMA	of	RIGHT	LUNG						
	late cause (a).( derlying cause(	DUE TO, OR A	S A CONSEQUENCE OF									
last.	}	(c)										
PART 2 OTHER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
81221												
19a. DATE OF OI	PERATION 196. CON	DITION FOR WHI	CH OPERATION WAS PER	RFORMED	20a AUTo				YES, WERE FIND OF DEATH?	INGS COI	NSIDERED IN CI	ERTIFYING
	WAS UNDERLYING	216. TIME OF		210	HOW INJURY OF	CURRED (Ent	er nature	af injur	y in Part I ar P	ort 2, Ite	em 18.)	
U 11 1.1	HG [] CAUSE OF DEATH y_medical exominer)	HOUR A.M. P.M.	Manth Doy Year									
21d INJURY 0 While I Not at wark at	CCJRRED 21e. PLAG		AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC						or Town		County	State
22a. I certi	fy that (f) (this h	aspital) atte	nded the decease ember 281	d from	12-1	0 , 19	<u>68</u> ,	to	12-28	., 19_	68 , that	(4) (we) las
causes	stoted above, (I)	on Dece	did not view the	9 <u>68</u> , oody aft	and that in (n er deoth.	ny) (26039 of	oinian a	death a	ccurred on t			ond from the
22b SIGNATURI	100	nette	relen		EGREE PHYS.	Ļ	MED. DIRECTOR		STAFF PHYS.		ATE SIGNED 2-29-0	68
22d PHYSICIAI NAME (Ty	pe) Dr. Ru		Breitene								204	
23a BURIAL, CREMA RE <b>TRACE</b>	1/3	2/69	Dulan		op crematory		В	alti	N (City or Town	aryl		(State)
24. FUNERAL DIRECT	J. Ruck I	nc. 530	5 Harford	Road	21214	2So REC'D		TRAR 196	25b. REGIS		IGNATURE	al. :

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com, leter filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave coston shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within VR A15 (4) 30M REV 1/68

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after death. fulleral

24 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.

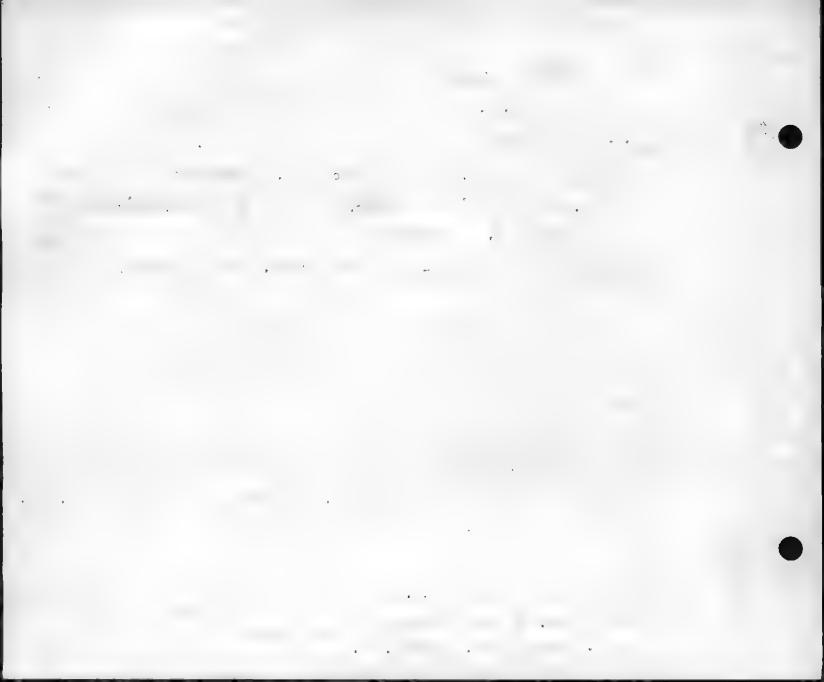


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16977 CERTIFICATE OF DEATH 2b. HOURA 1. DECEASED NAME First Middle Lost 2o. DATE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death. (Type or print) **JAMES** 68 2:00 M NORMAN BYRD 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthday) SACHIDS MALE 11-12-90 White 7a BIRTHPLACE (State or fareign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🙀 NEVER MARRIED 🗍 country) WIDOWED | DIVORCED [7] BALTIMORE NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if refired)

Mar. Asphalt Div GRTR. BALTO. MED. CNTR. INDUSTRY TOWSON Stan. 011 13a USJAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136, COUNTY 5211 Putney Way-12 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Earst John F. Byrd Emma Thornton 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) 092-07-4558 Mrs. Elsie T. Byrd-5211 Putney Way-Bel no IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 16 12 DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave ) COR. PULMONALE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CA OF LUNGS, LEFT EFFUSION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) POSSIBLE ADRENAL CRISIS TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? 12-5-68 FLUID IN LUNGS YES 🔲 NO TX for use 21a ACCIDENT WAS UNDERLYING 216 TAME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18,) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT NOME FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. New RY OCCURRED City or Town County Stote While Not while 22a. I certify that (I) (this haspital) attended the deceased fram 11-20, 19.68, to 12-6 . 19. 68 , that (I) (we) last saw the deceased alive on 12-6 19, and that in (my) (our) apinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter deoth. 22b, SIGNATURE 22c. DATE SIGNED 12-6-68 DEGREE DIRECTOR 22d PHYSICIAM 22e ADDRESS NAME (T∳pe) 6701 N. CHARLES STREET AGUILAR 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Druid Ridge Cem. 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 York Rd, 21212 2Sb DABEC 13

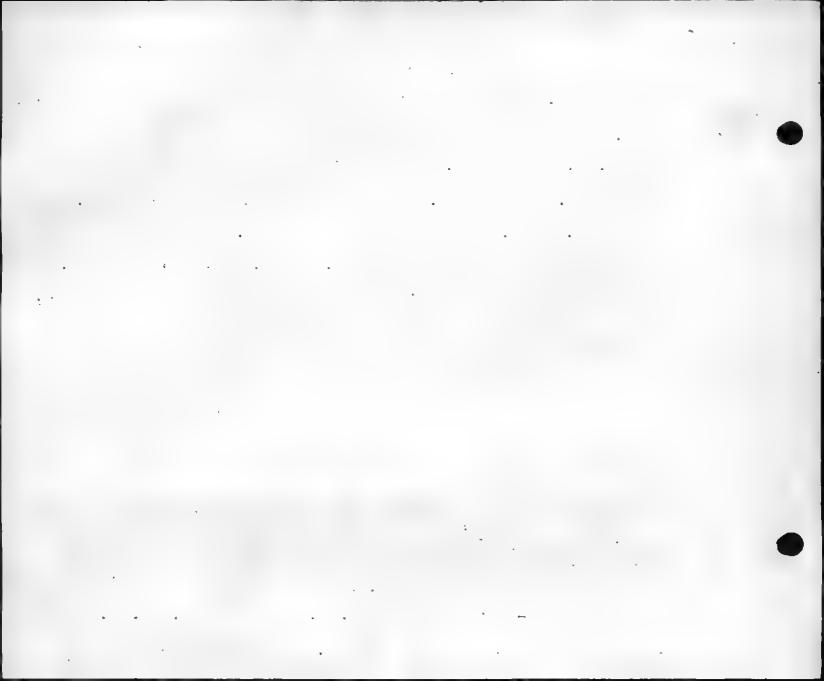


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FOR STATE	12	temloFilmG407 MARYLAND STATE DEPARTMENT OF HEALTH 2/18/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16:	978
HEALTH DEPT.	10	DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day	Year 2b HOUR
≥ e e e e e		(Type or Print)  Clarence M. Calp  OF ESTI- DEATH MATED DECombo	619 75
delay 1 and 3 to M3. Pogr	3 5	SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
wand del		Male White 12/1955 63 yrs December 6	19 6 72 N
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hin 24 ncil in niner's pages pages		G WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
with per control of the control of t	L	(Yes, no, or unknown) yes  (Il yes give wor or doines of service) WW11  213-03-6762  FlateT. Calp 808 Powers St.	
ecuted ling" in edical Ex ermit. E			APPROXIMATE INTERVAL TWEEN ONSET AND OBATH
e executed pending" in ef Medical E nsit permit. F		IMMEDIATE CAUSE (0)	Idday.
d be exe d 'pend Chief Me fransit pe y event	1	Conditions, if any, which gave )  DUE 20, OR 16-A CONSEQUENCE OF Conditions, if any, which gave )	
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sho		last dadio Kond/ /scular/seasos	5yes_
o ± + = □		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
s certificate e, writing th forworded t used as m emovol, and	NOI	190 DATE OF DEFRATION 196 CONDITION FOR WHICH OPERATION 20	O ALTOPSY?
for the rem	CERTIFICATION	WAS PERFORMED?	YES NO
Th iffico d be d be			
NER: T e certific shauld b files. Should ation, ar	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCUPATION 21e. PLACE OF .N.L.RY (At home, farm, street, 2.f. LOCATION Street or R.F.D. Na. (ity or Town County)	ty State
CAL EXAMINER: execute the certifor. Page 4 shauld ed for your files. CTOR: Page 3 shou		White AT WORK AT WORK AT WORK	ly sidile
CAL E. tor. Pog. Por CTOR: Puriol,		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, a	md in my ap'niar
SICC inector mined inector inector inector		death resulted fram: Matural causes , Accident , Suicide , Homicide , Undetermined manner	
of die		ACTUAL CHIEF MEDICAL EXAMINER CHIEF ASSISTANT MEDICAL EXAMINER CHIEF CONTROL OF CONTROL	
ory, ple neral di be retr		SIGNATURE MEDICAL CAMBRICA	168
necessory, p the funeral 5 may be re 10 FUNERAL Heolth prio		NAME (Type) Charles F. O'Donnell, M.D. ADDRESS (Street, city, town, or county)	
10 ± 5 ± 5 ± 5	230	30 BURIA., CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	(State)
- 7		Burial 12/9/68 Dulaney Vally Balto. Co.  4 FUNERAL DIRECTOR ADDRESS 125g REC D BY REG STRAR 125b REG STRAR 5 SIGNATURE.	ID!
VR A15ME (5) 2 10M REV 1/68		aul E. Chenoweth Jr. 3617 Chestnut Ave.    250   REC D BY REG STRAR   250   REG STRAR S SIGNATURE     DATE   DEC 1 2 1968	



,	u I t.	en. 7b FilmG408 MARYLAND STATE DEPARTMENT OF HEALTH
1 /	1/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH  16980
	) D	CERTIFICATE OF DEATH  1 971  CERTIFICATE OF DEATH  2 0. DATE OF DEATH  2 3 12b. HOUR
death.		(Ype or print) Stally Manth Day Year 12
D P P	3. SI	
<b>李</b>		F W 12-16-1875 last binlogy) YRS. MONTHS CAYS HOURS MAN.
T Post		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  1114) I U. S. A. WIDOWED DIVORCED   9. COUNTY OF DEATH  WIDOWED DIVORCED   9. COUNTY OF DEATH
within 24 within 7	10. (	TOWSON  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a LSUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12b KIND OF BUSINESS OR during most of working life, even if retired.)  12b KIND OF BUSINESS OR HOSPITAL OR INDUSTRY
ent,		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Baltimore YES NO 363/E/Rader Rd.
d cc	14.	FATHER'S NAME First Middle Lost , IS MOTHER'S MAIDEN NAME First Middle Lost
be non se re din din	L	Joseph (Arnaggio) Rose Carnaggio
Equires that the death certificate be a physicion. signed by the attending physicion on buriel-transit permit. Then please re buriel, cremation, or removal, and in a		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 212-50-3516 Mrs. Barbusca
th certiff ling phy Then remova		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ne dilloth ce affending p permit. The ion, or remo		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute my ocarding infantion 2 hrs-
the c e aff per tion,	П	Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave)  (b) ASCOD - charge consistive from t I value Yrs -
that the on. by the rronsit p		Inse to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
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The la ottend has be os e os h pria	CERTIFICATION	19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
AN: 1 al or ficate for us Heolt		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)
	MEDICAL	(If either, natify medical examiner) P.M.
G PEYSIC the hospi this certi detoched	-	While Not while of work of work
IDING Part of the halfer this leader of the best of th		22a. I <b>certify</b> that (I) (this haspital) attended the deceased from, 19, ta, 19, that (I) (we) loss saw the deceased alive an
Page 4 may be retained Prune A may be retained be FuneRal Director. A director, page 3 should should be filed with the		causes stated above, (1) (we) (did) (did not) view the bady after death.
be retained DIRECTOR: ge 3 should lied with the	Н	226. SIGNATURE 2 - Lee Colors
ral a rey be al Dif page page e filed		22d. PHYSICIAN'S 22e. ADDRESS
SPITA 4 mo 1ERAL or, p		NAME (Type)
Page 4 may O FUNERAL director, pag should be fit	23a	BURIA, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVAL (Specify) 12/27/68 New Cathedral Salto Ma
F F	24.	FUNERAL DIRECTOR - 7 ADDRESS 250 REC'D BY REGISTRAR 256 REG STRAR S SIGNATURE
30M REV		Lanneno Tuneral Home MEC 30 1968 Milarles Inde
1/-	-	





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 2n DATE OF DEATH Last 2b HOUR death. law requires that the death certificate be executed within 24 haurs after death. by the funeral Pages 1 and 2 (Type or print) CARROLL WALTER DANTEL 2:30AL 4 RACE IF JHDER YEAR urs after 8 SEX 6 AGE (In years F JNDER 24 HRS WHITE MALE lost highdoy) 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE (State or fore.ga 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH BALTIMORE COUNTY MARYLAND U.S.A. WIDOWED [7] DIVORCED F4 D. CITY OR TOWN OF DEATH 11 MAME OF HOSP TAL OR INSTITUTION (If not in hospital 2a. USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR g ye street address) working life, even if retired) INDUSTRY FORT HOWARD HOSPITAL 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 3e STREET AND NUMBER 13b COUNTY BALTIMORE 3438 Leverton Avenue 14 FATHER'S NAME Middle Lost IS. MOTHER S MA DEN NAME First Middle FRANCES CARROLL E. KELLY DANTEL H. 165 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) , If yas give was at dates of service) n signed by the attending physis burial-transit permit. Then play burial, cremation or removed 218 09 22 45 CLIN.RECORDS, VA HOSP. FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOPNEUMON IA RECENT 4124 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) OLD (b) PULMONARY EMPHYSEMA nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse () ARTERIOSCLEROTIC HEART DISEASED, MARKED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to BENIGN PROSTATIC HYPERTROPHY has been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO [ TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR; After this certificate 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 210, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED Stote City or Town Caunty While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 2/21/68 sow the deceased alive on 12/29/68 19 , and that in the couses stated above (1) (we) (did) (did) (did) (view the body after death. , and that in (新河 (our) opinion death occurred on the date and hour and from the 226. SIGNATURE 22c DATE SIGNED 12/30/68 ATTENDING MED DIRECTOR unan-DEGREE director, page shauld be filed 22d. PHYS CIAN S 22e. ADDRESS V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (County) (State) SEMONAL ASpectry) BALTIMORE NATIONAL (emeternBALTIMORE, MARYLAND 250. BEED BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR MORAN FUNERAL HOME 12nd & Greening t Te Balto



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16983

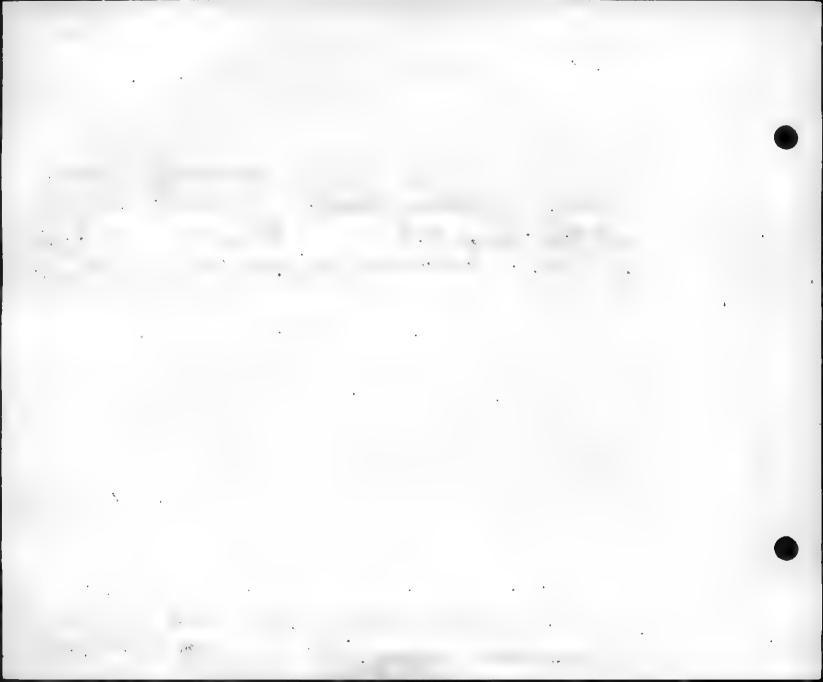
	16972	C	ERTIFICATE OF DEATH		16983
	ECEASED-NAME Type or print)  Wilson	V HENRY	CHRT. 6	2a. DATE OF DEATH	Day Year 5 5 H
3. SE	MALE	c'hite	S. DATE OF BIRTH		F JNOER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
COUL	BHLTO. A.D "	2,5,	8. MARRIED  hever married Divorced Divorced	CHTSNOI	ltimore
	CITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITAL OR INST give street address)	i-LA NURSIMO	success our	ind) industry for
adm	na	COUNTY Ballingine	MARINE -	ou smith	Cene
16a	FATHER'S NAME FIRST	Middle Last  ES? Deb SOCIAL SECURITY NO	15. MOTHER'S MAIDEN NAME	Middle Middle	Winks
	Yes, ng, ar unknown) (If yes give war or dates of	- 117-01-18	98 Mins Betty Ro	se laster, Ini	APPROXIMATE INTERVAL
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	CEDERG	AC- THBOM	1800=5	BETWEEN ONSET AND GEATH
	Canditions, if any, which gave ) rise to immed ate cause (a), stating the underlying cause DUE	25/25			
	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 3(a)	
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITIO	N FOR WHICH OPERATION WAS PERI	FORMED 200. AUTOPSY?  YES NO	20b. IF YES, WERE FINDIN CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
喜	or contributing cause of DEATH  (If either, notify medical examiner)	o. TIME OF INJURY DUR A.M. Manth Day Year P.M. 19		er nature of injury in Part 1 or Par	rt 2, Item 18.)
MEDI	21d. INJURY OCCURRED 21e. PLACE OF While Not while of wark	INJURY (AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21F. LOCATION Street or R.F.D. N	(0 /0 /0	County State
	22a. I certify that (I) (this hespi saw the deceased alive an causes stated abave, (I) (w	12+13 19	DP, and that in (my) (our) as	onian death accurred an th	, 19, that (I) {vee) la e date and haur and fram th
	226 SIGNATURE amuel (	9. Scalio		MED STAFF DIRECTOR PHYS.	221 DATE SIGNED
-	22d. PHYSICIAN S NAME (Type) SAMUEL	P. SCALIA,	M.D. 22e ADDRESS HEA	RNOOD ALE,	BALTO, MD
	BURIAL (REMATION, 23th DATE REMOVAL (Specify)	20,1968 Williams of Co	METERY OF CREMATORY	23d. LOCATION (City of Town)  BY REGISTRAR 25b. REGIST	(State) AR'S SIGNATURE
1	Jurell tunerafil	love Likerice	Travelle DATE OF	C 19 1988 PC	carles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by a director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pagshauld be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs VR A15 (4) 30M REV, 1/4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

and campletely filled in by



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16984

		LEKTIFICA	TIE OF DEATH		
1. DECEASED-NAME First	Middle		Last	2a. DATE OF CEATH	Day 68 Year 2b HOUR 2P
(Type or print) LEO	NMN	CA	VE	DEC. Month 23	68 eu
N. SEX MALE	4 RACE VIHITE	2	June 17, 190	6. AGE (In years last barthday)	MONTHS DAYS NOURS MIN
7o BIRTHPLACE (State or foreign 7 country) VI. Va.	b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED D	A MEACK WWKKIED	9. COUNTY OF DEATH BALTIMORE	N
O CITY OR TOWN OF DEATH BALTIMORE	NAME OF HOSPITAL OR INS 「中央street 日本記了O。」			. OCCUPATION (Kind of work dane ast of working life, even if retired	
I3a USUAL RESIDENCE (Where deceased admission) STATE Mary Land	lived, if institution Residence before 13b COUNTYBaltimore	13c CHY OR T Parkvi		MATS? 13e STREET AND NUMBER 2601 Taylor	
14. FATHERS NAME First Eston	Middle Lost Cave	15	MOTHERS MAIDEN NAME FI Sallie	erst Middle	lost Bowers
16a. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (II yes give wor	D FORCES? 16b. SOCIAL SECURITY ( or dates of service)		ormant . Aliwe M. (	Address Cave, 2601 Taylo	or Ave.
2 / / / /	OUE TO, OR AS A CONSEQUENCE OF  (b)  OUE TO, OR AS A CONSEQUENCE OF  (c)  ITIONS CONTRIBUTING TO DEATH BUT NO  DIDDITION FOR WHICH OPERATION WAS PE		THE TERMINAL DISEASE OR CO	20b IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING
21a ACCIDENT WAS UNDERLYING OR CONTR BUTING	HOUR A.M Manth Day Year		YES NO	CAUSES OF DEATH?	2, Item 18)
While North the at work  22a. I certify that (I) (this saw the deceased all)	haspital) attended the decease ve an DEC 23 1 (I) (We) (did) (MX-We) view the	ed from	DEC 20, 19	60 776 93	County State  19 <u>68</u> , that (I) (we) la date and haur and from th
22b. SIGNATURE  MANY  22d. PHYSICIAN'S NAME (Type) DR. M	ARY LIM	DEGRE		NED. STAFF 22 RECTOR PHYS. 22	ic, Date Signed 12-23-68
23a BURIAL, CREMATION, 23b DA BREMPYAG(Specify) Dec		cemetery or c nd Memo		Parkville, Md.	(County) (State)
24 FUNERAL DIRECTOR ULLrich Funeral	Home 4210 Belair	Road.	DATE OE	y registrar 286 registral	RS SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler in By the thrend director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon aggers. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician OM REV AS

fille in By the

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withip-24 haurs after

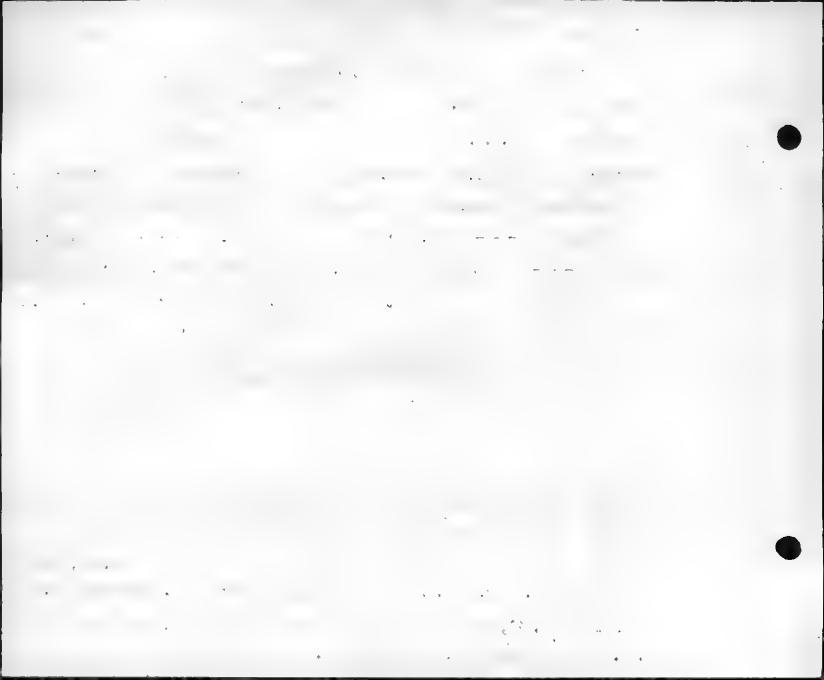


OFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely (illect to by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Posshould be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 haurs

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the haspital at attending physician.

# MARYLAND STATE DEPARTMENT OF THESE. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16985

		FD-NAME or print) WFE T	First <b>Liam</b>	Middle Josep	h	Lost Chamber	clain		Date of Death Month	Day	Ĭ968	26 HOUR
	3. SEX	Male	4. RACE	Cauc,		S. DATE OF E	BIRTH	1890	6 AGE (	vents	HE UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
	country)	PLACE (State or foreign Maryland		OF WHAT COUNTRY?	WIDOWI		RCED 🔲		NTY OF DEATH Baltimor			N
1	В	R TOWN OF DEATH		11 NAME OF HOSPITAL OR g ve street address) 8324 Wyto	n Road	1	dunn	g most of v	JPAT ON (Kind of v working ife, even i <b>trician</b>	f retired )	I2b KIND OF B INDUSTRY Elects	
	130. USuA odmission		leceosed lived, if it	nstitution Residence before Baltimore	1	or town Ltimore	YES T	NO NO	13e STREET AND I		oad	
4	14 FATHE	R'S NAME First	Mid	ldle Los		1s. MOTHER'S M				Middle		Lost
	16n WAS	Joseph DECEASED EVER IN U.S		Chambe	rlain	7 INFORMANT	1	<u>fatile</u>	ia –	Address	Fret	well
	Yes no		as give war or dates of serv				trici	a 7.e.	ler 8324		n Road (	21201.
		CAUSE OF DEATH (En PART I. DEATH WAS (		per line for (a), (b), and		mya	ard	ial ?	Inface	livin	APPROXIM	LATE INTERVAL USET AND DEATH
	Can nse stat	ditions, if only, which is to immediate causeing the underlying co	(o), (b	OR AS A CONSEQUENCE OR AS A CONSEQUENCE	e u	rterio	cles	sti	. रेप	D	14	N.
	1.	T 2. OTHER SIGNIFICAN	it conditions con	TRIBUTING TO DEATH BUT	LNOT RELATED	TO THE TERMINA	AL DISEASE	ORCONDITI	ON GIVEN IN PART	i(a)		
X	CERTIFICATION 136	DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a. AUT		) []	20b. IF YES, WERE CAUSES OF DEATH		INSIDERED IN CEI	RTIFYING
	3 00	ACCIDENT WAS UNDER CONTRIBUTING CAUSE if ther, notify medical a	OF DEATH HOUR	ME OF INJURY A.M. Month Day Yo	21c.	. HOW INJURY O	CURRED (	Enter noture	e of injury in Port I	or Port 2, It	iem 18.)	
	Who	INJURY OCCURRED le Not while ark at wark		JURY ( AT HOME FARM, STREET OFFICE BUILDING, ETC.	1				City or Town		County	State
	220	. I <b>certify</b> that (I saw the deceas causes stated a	) (t <del>his hespite</del> l ed alive an <b>b</b> ave, (I) ( <b>18</b> ) (	attended the dece	ased from 1963, o he bady afti	and that in (ner death.	/, 1 ny) (e <b>ys</b> )	apınian o	tat death accurred	an the dat	68_, that te and hour a	(I) (we) li ind fram t
	<b>22</b> b.	SKINATURE	PAT	= Lip	ua o	ATTEND	A	MED DIRECTO	STAFF PHYS.	_	DATE SIGNED	1968
(	228	NAME (Type) JOSE	ph F. Li	Pira M.D.		22e. AD		ch Ray	ven Blvd.	Balt	imore, I	Md.
1	230. BUB	A., CREMATION,	23b. DATE Dec. 21	1968 New (	Cathedr	or crematory	tery	Ba	LOCATION (City or altimore,	Mary		(State)
8 N	24. FUNE	E. Lowe		ADDR 4611 Park		s Ave.	25a. REC	E.C. 2	3 1968	REGISTRAR S	SIGNATURE	righta.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16986

25 HOUR

		1697	
	Î	DECEASED NAME (Type or print)	]
ı	1	ZEX	

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the tadirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after

e thecuted within 24 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital or attending physician.

	ECEASED NAME	First		Middle		Lost		20 DATE OF				25 H	JUR
(	Type or print)	Marv	4	V.	Chia	riello		1	12-18-68 Doy	y Ye	or	23	PN
3 5	X	212012	4. RACE			DATE OF E			6 AGE ( n years	F JNDER		UNDER 2	4 HRS.
F	Female		White			2-2-	1880		lost butheloy)	MONTHS	OAYS H	OURS	MIN
70	RIPTHPLACE (State	e or foreign	76 CITIZEN OF WHAT	COUNTRY?	B. MARRIED			COUNTY OF	1110				
COU	Italy	3	USA		WIDOWED		RCED	Baltin					4. 1
in i	CITY OR TOWN OF	DEATH		OF HOSPITAL OR INS					(Kind of work done	1125 KII	ND OF BU	TIMESS /	Md ac
	altimo		give stre	dadress) 13 Crost	ov Road	d	during mos	at of working	life, even if retired.)	INDUST		MACOT (	zin,
130	USUAL RESIDENC	E (Where deceo	sed lived, if institution	: Residence before	13c. CITY OR 1	OWN	13d. INSIDE CITY LIM		REET AND NUMBER				
odm	ission) NATE (aryland	d	Baltimo:	re	Baltin	nore	YES NO	Ø 6	13 Crosby	Roa	d 2	120	7
_	FATNER S NAME	First	Middle	Lost			AIDEN NAME Fir		Middle			Lost	
4	)			atano			The	resa		Mart	ino		
	. WAS DECEASED		MED FORCES? 16	Sb SOCIAL SECURITY I	10. 17 IN	FORMANT			Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
١	res, no, or unknow	(If yes give	wor or dates of service)		Vi	vian 1	Bunch-6	13 Cr	osby Road	212	07		
-			ily one couse per line	for (a) (b) and (c)						Á	PPROXIMAT		
		ATH WAS CAUSE	D BY:	ioi (o), (o), one (c)	And	· Con	onany (	Decla	Min	BEI	WEEN ONSE	AND DE	ATH
	1100	IMMEDI	ATE CAUSE (o)		1	-20 +					111	<u> </u>	
	Conditions of a	ny, which gave	*	A CONSEQUENCE OF	A	30	IV D				Ven	v 3	
	rise to immedi	ote couse (o),	(b)	/ANGCAUGUGE AF	/ 1	0, ~	, v /			/			
	stating the un last.	derlying couse		A CONSEQUENCE OF									
	-	CIGNICIST CO	(c)	IC TO DEATH DUT NO	OT DC: ATCD TO	THE TENNEN	LL DICEAUT OBCO	MDIZION COIL	N IN DART YOU				
	PART Z OTHER	SIGNIFICANT CO	NDITIONS CONTRIBUTION	G TO DEATH BUT NO	DI KELATED IO	THE TERMIN	AL DISEASE OKTO	INDITION GIVE	N IN PAKE I(0)				
No	1001		40110151011501150			las au-	2000	2001 45	AND THE PARTY OF T	Aurior Dro	the draw		
R	190. DATE OF OP	ERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PE	REURMED	20a. AUT			YES, WERE FINDINGS ( OF DEATH?	.ONSIDE KED	IN CERT	IFYING	
CERTIFICATION						YES [							
	210 ACCIDENT	WAS UNDERLY! IG □ CAUSE OF DEA		NURY Month Day Year	21c. HO	W INJURY O	CURRED (Enter	nature of inju	ry in Port 1 or Port 2,	Item 18.)			
MEDICAL	(If either, notify	medical exam	iner) P.M.	15									
×	21d INJURY OF	CJRRED 21e	PLACE OF INJURY (AT	HOME FARM, STREET FAC FICE BUILDING ETC	TORY ) 21f. LOC	ATION Stre	et or R.F.D. No.	City	or Town	County		Sto	176
		NOUC					J	,	1.1.				
	22a   certif	y that (I) (th	us haspital) atten	ded the decease	d from	11/0	1/, 19_0	<b>Y</b> , to	ccurred on the do	68,	thot (I	) (we	) lasi
	saw the	e deceased o	ılıve an e,(I) (#\$) (did) (	-16/	9 <u>0 1</u> , and	that in (n	ነፃ) (our) opin	ian death i	accurred on the do	ite and h	iaur an	d tran	n the
	22b. SIGNATURE		e, (I) (204) (GIG) (	T view life	body offer of	cuiii.			225	DATE SIGN	ED /		
	220 SIGNATURE		tonnez	Ne i)	DEGRE	E PHYS	NG ME	D RECTOR	STAFF -	12/1	9/0	Y	
	22d PHYSICIAN NAME (Typ	e) Ada	JAN M.	SONM	162	22e AD	IOU F	reder	ich Rd.	州	21	22	Y
	BURIAL, CREMAT		DATE	23c NAME OF	CEMETERY OR C	REMATORY		23d LOCATIO	ON (City or Town)	(County	}	(Stote)	
E	3 SEAONAT Tabeca	fy) 12	2-23-68				tery	Pike	sville, Ma	1 ,	,		
24	FUNERAL DIRECT	np.		ADDDECC	U		Taca Drein ny	DECISTRAD	JULY DECISTOROS	SICA ATMIN	C #9	4.0	

VR A15 (AV)

Ellsworth Armacost-4600 Liberty HghtsAve.

DEC 2 0

Maryland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

			C	ERTIFI	CATE OF	DEATH				1	6987	
	ECEASED NAME Type or pont)	SARA	Middle		last			TE OF DEAT	Month 3	Day		26. HOUR
L.	SARAH	RO	BERTA	CII	RINCION		1	2	23	Duy	68 <sup>Year</sup>	B:40
3. SI	FEMALE	4. RACE	white		5. DATE OF BII 5/23	RTH 3/15		6. A	GE (In year st birthday)	YRS.	MONTHS CLAYS	HOURS MIN.
7a cau		76 CITIZEN OF WHAT		8. MARRIED	NEVER MAR	RIED		Y OF DEA				Md
10 (	CITY OR TOWN OF DEATH BALTIMORE	11 NAM	RE OF HOSPITAL OR INST	ITUTION (If	nat in haspital	12a USUA	ast of wa	rk na life,	d af wark even if reti	red)	126 KIND OF INDUSTRY	BUSINESS OR Seal
13a adm	USUAL RESIDENCE (Where decease issian) STATE Md.		n Residence before	13c CITY O		13d. INSIDE GTY LIN	METS? 1;	3e STREET	AND NUMB	ER	an Ave	
14	FATHER'S NAME First	Middle	Last		IS. MOTHER'S MA	IDEN NAME FI	irst		Mid	dle	-	last
	Charl	les W. Y	oung		Saı	ra Fri	inge	r				
	. WAS DECEASED EVER IN U.S. ARMI Yes, na, ar unknawn) (11 yes give wo	ED FORCES?	6b. SOCIAL SECURITY N		INFORMANT John Ci	irinci	one	hus	Addr		OVA	
	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIA)	TE CAUSE (a)	for (a), (b), and (c), JPPER GI A CONSTOLENCE OF CARC INOM		EDING PANCR	EAS						MAYE INTERVA. INSET AND DEATH
rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)												
-	1611	DITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED	to the terminal	, DISEASE ORC	ONDITION.	GIVEN IN	PART I(a)			
CFRTIFICATION	19a. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH	H OPERATION WAS PER	FORMED	20a. AUTO	PSY?	1 2	Ob IF YES, Auses of I		INGS CO	ONSIDERÉD IN C	ERTIFYING
EDICAL CER	21a ACCIDENT WAS UNDERLYING  TOR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M.	NJURY Manth Day Year 19	21c	HOW INJURY OCC	URRED (Enter	r nafure a	f injury in	Part I or P	art 2, It	tem 18.)	
	While Mat while at work	(0	AT HOME FARM, STREET, FACT DEFICE BUILDING, ETC.					City or To			Caunty	State
	22a. I certify that (this saw the deceased of causes stoted above	s haspital) atteg ive an, (I) (***********************************	ded the decease	ody after	12/23 nd thof in (47) r death.	≠, 19_( ≢) (our) apir	68, to nion de	ath occu	2/23 rred on t	_, 19_ he dot	68_, that te and hour	(4) (we) los and from the
	22b. SIGNATURE	If shen	m. 0.	DE	GREE PHYS.	LJ DI	NED IRECTOR	☐ ST/	AFF P	22c 0	PATE SIGNED	163
	22d. PHYSICIAN'S NAME (Type) BEN F	HUGHES				701 N		ARLE			,	
		2/26/68	23c. NAME OF C	wn I		Cem.	Ta	neyt		Mc		(State)
24.	FUNERA DIRECTOR Schimunek Fu 3331 Brehm	neral H	ome, Inc			2Sa. REC'D BY	C 2 4	196	3 REGIS	TRARS	SIGNATURE	ege.

Late Funerol TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled a brane funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbed pages, the second should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any events, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

16976

VR A15 (4) 30M REV 1/68

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_ 1 ,							ARTMENT OF I		ARYLA	ND 212	201					
FOR STATE		4.6	CAD				ERTIFICATE						16	988		
HEALTH DEPT		DECEASED NAME	First	MILDIC	Middle	IVEIC 3	Lost	01 041	-	DATE	KNOWN	Month	Doy	Yeor	25 HOUR	
2 0 e 3		(Type or Print)	CAT	HERINE	L		CLARK				MATED A	12.	/30	1968	7:30 7:30	
delay is nd 3 to 3 Poge ment af	3	SEX	4 RACE	S DATE OF BIR	_	AGE (In year	IF UNDER 1 YEAR	F UNDER 24		C DATE P	RONOUNCED	DEAD			26 HOUR	
ny delay is ond 3 to PM3 Poge		female	white	April	17,1919	last birthday) 49 Y	MONTHS DAYS	HOURS	MIN.	Dec	ember	D30.	Ye	or 1968	P.M	
	70	BIRTHPLACE (Stote	e ar fareign 75	CIT ZEN OF WHI		8 A	ARRIED NEVER MAR	RIED 🗌	9 COUNT	Y OF DE	ATH					
Z Find	COL	Maryl:	and	U.S.A.				RCED 🔲		Ba	ltimo:	re			Mo	
Pag Pag ith Sto	10	CITY OR TOWN O	F DEATH				ON (If not in haspital				Kind of wor		12b. Ki INDUST	ND OF BUSI	NESS OR	
after death 8. Give Pag alang with with the Sta eath.	Lutherville give street address)   Single   Sing										1110031					
s after 18, Grand alang	10 CITY OR TOWN OF DEATH   11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)   120 USUAL OCCUPATION (Kind of work done 12b during most of working life, even if retired.)   120 USUAL OCCUPATION (Kind of work done 12b during most of working life, even if retired.)   12b during most of working life, even if retired.)   13b USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN   3d INS DE CITY ON 137   13e STREET AND NUMBER   13b GOUNTY Land   13											Dood				
thours after death 18. Give Pages 1, Office alang with form land 2 with the State-Deather after death.		Marylar FATHER S NAME	1d First	Balt:		Lost	therville IS MOTHERS MAID		First	209	KIUG.		Koau			
	14	FAIREK 3 NAME	Otto	Middle	Lissau	LUSI	13 MOTHER 3 MAIO		gare	4-	MIG	GI4.	Lība	Lost		
thin 24 med in maner's page	160	WAS DECEASED EV	ER IN U.S. ARMED FO	RCES?	166 SOCIAL SECUR	STY NO	17 INFORMANT	Plat	gare	L	ADDRES	5	Willy	Thyte		
within pencil control		Yes, no, or unknov NO		I ne doses of consent	215-07-2		James B.	Clar	ŀlr		Same		13	ম		
7 5 m 2 c	F	1	DEATH (Enter only				Junes p.	OLUI	IC	-,	Danie	<u> </u>		APPROXIMATE I	INTERVAL	
d be executed d "pending" in Chief Medical E transit permit. E		PART 1 C	EATH WAS CAUSED	BY CAUSE (o)			Barbitur	ota (	17.0 T	in sanf			- 51	CIMITEN CHIXELY	AND DEATH	
X P & G t		950	HINDLEDINI O	1 /	AS A CONSEQUENC	1 1 1 1 1	nai ur ciri	ALL C	70611	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
be exe		Conditions, if o	iny, which gove )	(b)												
shautd e word o the Ch ourral-tra		stoting the un	iderlying couse		AS A CONSEQUEN	CE OF										
2 > = = =		lost.	)	(c)												
ate g th				ONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATE	D TO THE TERMINAL DIS	SEASE OR CO	ONDITION	GIVEN IN	PART 1(o)					
is certificate te, writing th farwarded t e used as a remaval, and	S.	970 3			19b. CONDITION F	חפ אישורש ר	DEDAT ON						12	O. ALTOPSY	2	
certification with the control of the certification with the certifi	, E	170. DATE OF C	FERRIOR		WAS PERFOR		FERAT ON						- 1	YES X		
This be be	CERTHEICATION	210 EXTERNAL	CAUSE WAS	216 TIME OF	NJURY Month, Day	r, Yeor	21c HOW INJURY OCC	URRED (Ent	er noture :	of murv	in Port I or	Port 2. 1	Item 181			
INER: Te certificate should be files. 3 should a should batton, artion, artion, artion, artion, artion, articles.	MEDICAL	PRIMARY X O	R CONTRIBUTING	2 HOUR M	12/30	1968	Subject								5	
(AMINER: te the tertile 4 should raur files. age 3 should cremation,	SW SW	21d INJURY OC	CURRED 21e PL	ACE OF INJURY (A	t home, form, str	eet,	21f LOCATION Street o	rRFD No.		City	or Town		Cour	ity	Stote	
EXAMINER: tute the tert age 4 should your files. Page 3 should, cremation,		AT WORK	OT WHILE TOCK	ory, office building	g, etc.) Hoff	ie.		Luth	ervi	lle		Ba	lti	more	Md.	
Car y		22o. l	certify that I to	ak chorge of th	ne remoins des	cribed abo	ve, held on P Autop	osy [X],	Inspe	ection	, Inc	рвігу [	], (	and in my	y opinian	
e exec tor. Po ed far cCTOR: burial		deoth re	sulted from	Natyral ryus	EX ACC	ident 🔲	Suicide X,	Homicide		Undet	ermined r	nonner				
please directs directs retaine DIREC		ACTUAL	10000	1	1/2_		CHIEF	F MEDICAL E	XAMINER							
y, ple rral di se rete tAL Di prar		SIGNATURE	lesus	N. (	MC		171. 0	STANT MEDIC			]	22b DATI				
EPU ssar fune day b ay b ay b ay b ay b		EXAMINER'S NAME (Type)	Werne	r U. Sp	itz, M.D			JTY MEDICAL RESS(Street,		- Control of the Cont	ity)	12	/31/	00		
The Same	23	O BUR AL CREMA	TION, 23b D	ATE	Z3c NAM	E OF CEMETE	RY OR CREMATORY				(City or Tow	/n)	{(ounh	y) (Sh	ote)	
		Burial	1 - 4	4-69			alley Mem				ysvill		,	Md	,	
3	1 -	. FUNERAL DIRECT	OR			DDRESS		2So REC'D	BY REGIS	TRAR	25b REG	GISTRAR S		JRE		
VR ATSME (5) 10M REV 1/68	W	m. Cook-	Brooks T	owson <b>D</b> r	ic. To	wson,	Md. 21204	DATUAN	13	196	18 8	Clan	MAD	Jorda	L.	

Francisco Francisco F

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16989 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 20. DATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death (Type or print) December Day Clark Marv 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years last buthday) IF UNDER I YEAR Dec. 18, 1898 white female and years plately filled in by the house carbon papers. Po 7a BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED K country) Penna. U.S. Baltimore WIDOWED | D.VORCED ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCJPATION (Kind of work done 12b KIND OF BUSINESS OR dwing most of working life even if retired) INDUSTRY STATE HOSP. Catonsville 130 USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 30 STREET AND NUMBER. odmissian) STATE 136 COUNTY 117 South Conkling Balto. YES NO ony 14 FATHER'S NAME Lost IS, MOTHER'S MAIDEN NAME First Lost Sarah Burns James Clark physician d 160 WAS DECEASED EVER IN U.S ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO Yes, na, ar unknown) (If yes give wor or dates of service) 216-07-1844-4 Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave burial-tronsit (b)\_ rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DUSEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the hospital ar ottending O FUNERAL DIRECTOR: After this cert ficate has been far use os the 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 Heolth NO -210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year (if either, not fy med cal examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tewn County State Whe Not while at work 22a I certify that (1) (this hospital) attended the deceased from Aug. 22 1933, to Dec. 10, 1968, that (1) (see) last sow the deceased alive an Dec. 18 1968, and that in (my) (60) opinion death occurred an the date and hour and from the couses stoted above, (I) (we) (did) (victorial view the body ofter death. 22b S GNATHRE 22c DATE SIGNED ATTENDING grow oledan DEGREE director, page 3 should be filed v 12-18-68 DIRECTOR 22e. ADDRESS SPRING GROVE STATE HOS TTAL Baltimore, Maryland 21228 22d. PHYSICIAN'S Diomidis Pirovolidis, M.D. NAME (Type) 230 BLRIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town), (County) (Stote) REMOVAL (Specify) S'AC RED HEART CE. U. HU NIC. FUNERAL DIRECTOR VR A15 (4) N

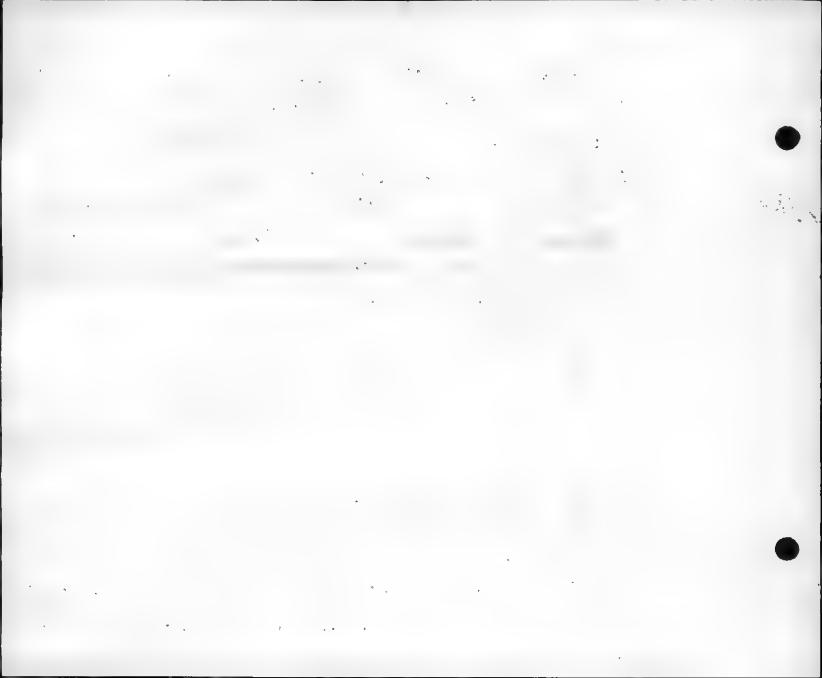
30M REV 1768



20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g DATE OF DEATH DECEASED NAME Middle death. within 24 haurs after death completely filled in by the funeral lave carban papers. Pages 1 and (Type or print) IF UNDER 1 YEAR 6. AGE (In years last pirthday) HOURS MONTHS I papers. Pag hin 72 hours o 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED | NIVER MARRIED WIDOWED 1 D VORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USJAL OCCJPATION (Kind of work done during mast of warking life, even if retired ) give street address) lease remove carban and in any event, 13a USUAL POSIDENCE (Where deceased lived, if institution: Residence before STREET AND NUMBER 13c CITY OR TOWN 3d INSIDE CITY INM TS? 13b. COUNTY IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last physician and The law requires that the death certificate 168 SOCIAL SECURITY NO 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT attending physic nermit. Then ple (If yes give war or dates of service) Yes, na, ar unknown) 215-05-35 burial, cremation, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY Tario scleusis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior tal **DIRECTOR:** After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🔲 detached far use te Dept of Health 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work OR ATTENDING 22a. 1 certify that (1) (this hospital) attended the deceased from Dec. 1 saw the deceased alive on Dec. 3 1965, and that in (1) 1965 to Les 3 19:5, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. director, page 3 shauld be filed v DEGREE DIRECTOR TO HOSPITAL ( Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) 23d LOCATION (City or Town) OR CREMATORY 23a BUR-AL CREMATION, 23b DATE (State) KEMOVAL (Spec bo) FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 Towson Ind 2/204

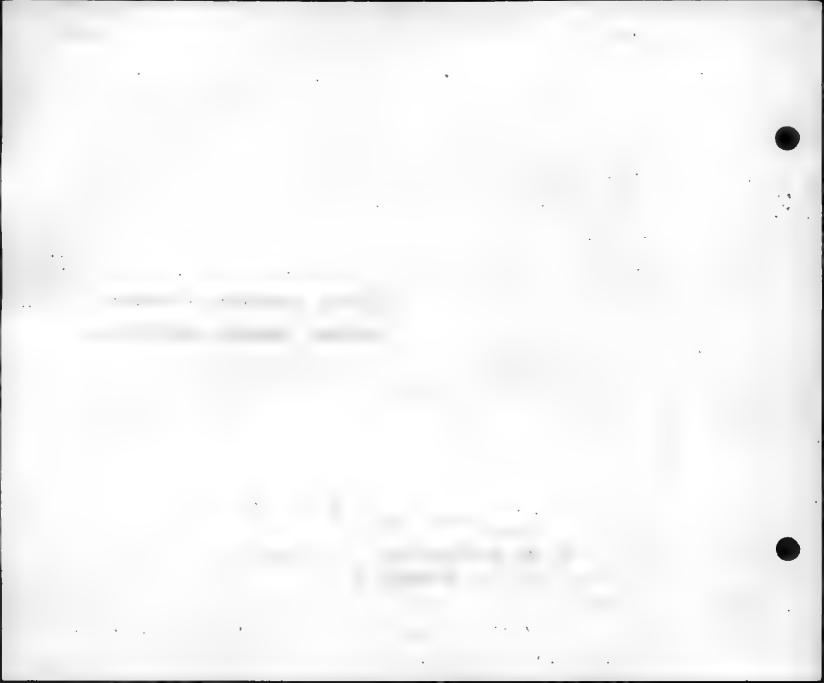


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0	lype or print)	Anit	a	Carlyle		Coope	r	12	Month	3 Doy	1968	1:30 M
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caut	Bermud	a	Bermud	la	WIDOWI		KCED [			В	altimo	re Md.
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	FATHER'S NAME	First	Middle	Last		IS MOTHER'S M	AIDEN NAME First		Mid	ldle		Last
	J.D. Ca	rlisle		Darrell			???	??			Holli	
	WAS DECEASED EVE (es, no, or unknown)		NED FORCES? our or dates of service)	16b SOCIAL SECURITY	NO. 1	7 INFORMANT			Add	ress	21.2	04
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				e far (a), (b), ond (c)	10						BETWEEN OI	NATE INTERVAL NSET AND DEATH
	PART I. DEAT	H WAS CAUSEI	TE CAUSE (a)		e	mbro-	balcu	lar	acu	<b>NON</b>	3.	4 days
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	Conditions, if any,		(b)		يي_	erector.	vaicu	(a)	alter	CEC	404	
	stoting the under		DUE TO, OR A	S A CONSEQUENCE OF								
	lost,	,	(c)		·							
	PART 2. OTHER SIG	GNIFICANT CON	IDITIONS CONTRIBU	ring to Death But N	IOT RELATED	TO THE TERMINA	L DISEASE OR CONC	ITION GIVE	N IN PART 1(a)			
No	- / X							Tool 15	1455 14150 51110		CIDEDED III C	TO PICKALIA
CERT FICATION	19a. DATE OF OPERA	ATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	ERFORMED	20a AUTO			YES, WERE FIND OF DEATH?	JINGS CON	ZINEKEN IN (I	KIIFTING
CER!	210. ACCIDENT W	AS UNDERLYIN	IG 216. TIME OF	INJURY	1210		(URRED (Enter no	ture of iniv	ry in Port I or f	Part 2. Ite	m 18.)	
3	OR CONTRIBUTING		HOUR A.M.	Month Doy Year	1				,		,	
MEDICAL	(If either, natify n			AT HOME, FARM, STREET, FA OFF-CE BUILDING, ETC	CTORY.) 21f	LOCATION Stre	et or R.F.D. No.	City	at Tawn		County	State
	While Not what work of war	ele 🗀		OFFICE BUILDING, ETC	- /							
	22a. I certify	that (I) (th	s hospital) atte	nded the deceas	ed from.	8-2	19.66	_, ta	12-3	196	S, that	(I) (we) last
	saw the	deceased a	ive an	nded the deceas	1968	and that in (m	y) (our) opinio	n death a	accurred an t	he date	and havr	and fram the
		ated abave	e, (1) (we) (did)	(did nat) view the	bady att	er death.				1 00 01	TE SIDNED	
	226 SIGNATURE	I(e	of h	-Maul	ley o	EGREE PHYS.	NG MED DIREC	TOR	STAFF PHYS.	12 DA	TE SIGNED	58.
	22d. PHYSICIAN'S NAME (Type)	KEI	TH A	. MINZ	117	7 22e. ADI	DRESS					
23a	BURIAL, CREMATIO	N, 23b.	DATE	23c. NAME OF	CEMETERY	OR CREMATORY	2	3d LOCATIO	ON (City or Tawi	n)	(County)	(Stote)
	REMOVAL (Specify) Burial	1	2-7-1968	Bailey	r's Ba	ay Cem.			n Paris	hB	ermuda	
24.	FUNERAL DIRECTOR			ADDREŠ:	S		2So. REC'D BY R	EGISTRAR	2Sb. REGIS	STRÁR'S SI	GNATURE	_
F	erinchie	f Fun.	Home, We	est Hamilt	on, I	Bermuda	DATUECÓ	19	00	liant	By Jung	ar.

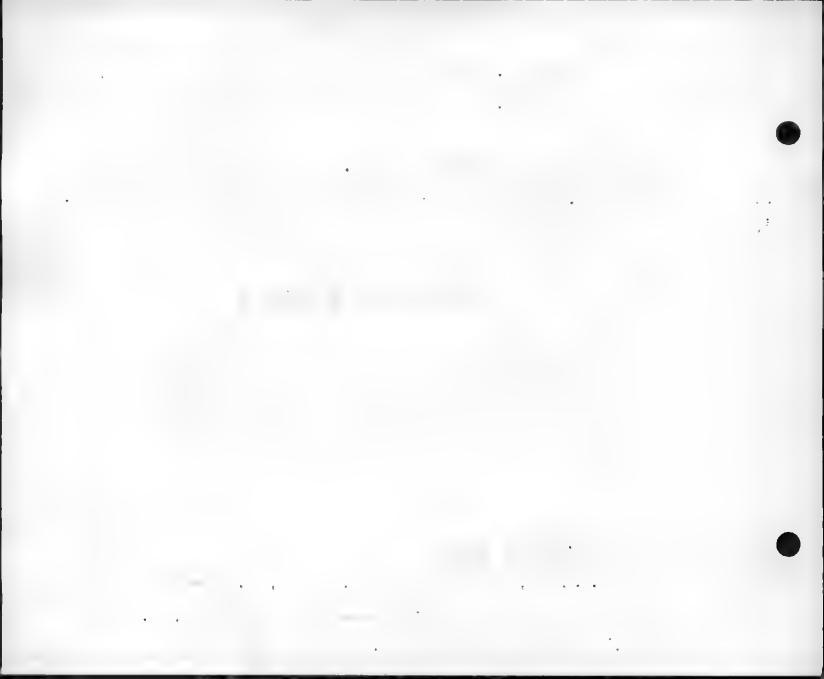
Page 4 may be retuined by the inspiral of presenting projection.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers Pages 1 and 2 shauld be filed with the State Dept af Health prior ta burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

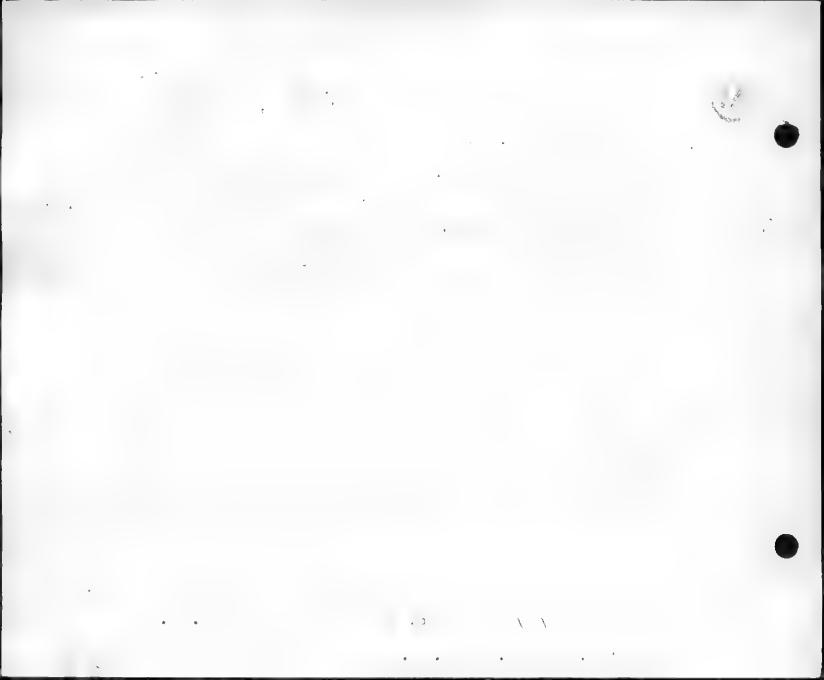


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE 1 16993 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16993	
TOTAL MEDICAL ENGINEERS CONTINUED OF PERSONS	le tou
Ar rere that a second	2b. HOU
Ernest S. Cooper  DEATH MATED   DEATH MATED	2g_H01
Ernest S. Cooper    Cooper   C	000
WIDOWED DIVORCED BALLIMOTE	1
Country) Maryland USA  WIDOWED DIVORCED COUNTRY  10 CITY OR TOWN OF DEATH  11 NAME OF MOSP TAL OR INSTITUTION (If not in hospital of usual occupation (Kind of work done occupation (Ki	BUSINESS OR
Middle River 21220 955 Badd Oak Grove Dr. dung most of working ife, even if retired ) Middle River 21220	ing
The state of the s	
demission) SIATE Md. 136 COUNTY Baltimore Middle River YES   Medi 55 "B" Oak Grove Dr	
John Cooper  14 FATHER'S NAME First Middle Lost 15 MOTHERS MAIDEN NAME First Middle  Mary Gray	Last
16a. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, pa, or unknown) (If yes gave wor or dotes of service) (Yes, pa, or unknown) (If yes gave wor or dotes of service) (Yes, pa, or unknown)	
to a line in the latter to the	
	MATE INTERVAL INSEL AND DEATH
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause (Due TO, OR AS A CONSEQUENCE OF	-
SPE U 4/29 DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave isse to immediate cause (a), (b)	
The state of the s	
Stoting the underlying couse (c).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  190 DATE OF OPERATION  196. CONDITION FOR WHICH OPERAT ON  20 AUT	
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stoting the underlying couse (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20 AUT  210 EXTERNAL CAUSE WAS  1216 T ME OF INJURY Month Day, Year 1216 HOW INJURY OCCURRED (Finiter parties of injury in Part Lor Part 2 (Item 18))	OPSY?
AES AND LEGICIMENTS.	NO
Politically Conference of the House of the House of the House of House of the House	
PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19  21d .NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .DCATION Street or RFD No City or Town County	State
PRIMARY: OR CONTRIBUTING: HOUR A.M.  19    CAUSE OF DEATH   21d   NJURY OCCURRED   21e PLACE OF INJURY (At home, form, street, at work   Nat wo	Jidie
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death resulted fram. Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  CHIEF MEDICAL EXAMINER	
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ACTUAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·
CHIEF MEDICAL EXAMINER  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  ACTUAL SIGNATURE  EXAMINER'S NAME (Type) M. B. Davis, MD6800 Mornington Rd. Durabatks year Md. towal 2020 y)  226 DATE SIGNED  12/9/68  DEPUTY MED CAL EXAMINER  12/9/68  DATE SIGNATURE  228 DATE SIGNED  12/9/68  230 B.RIA. CREMATION  230 DATE  230 DATE  231 DATE  232 NAME OF CEMETERY OR CREMATORY  233 COCATION (City or Town) (County)	/State)
Burial 12/11/68 Baltimore Cemetery Baltimore, Md.	(State)
24 FUNERA DIRECTOR ADDRESS 25g. RECD BY REGISTRAR 25D REGISTRAR S SIGNATURE	
James E. Bruzdzinski 1407 Eastern Ave. 21221 DATE DEC 1 2 1968 Johnson	udge



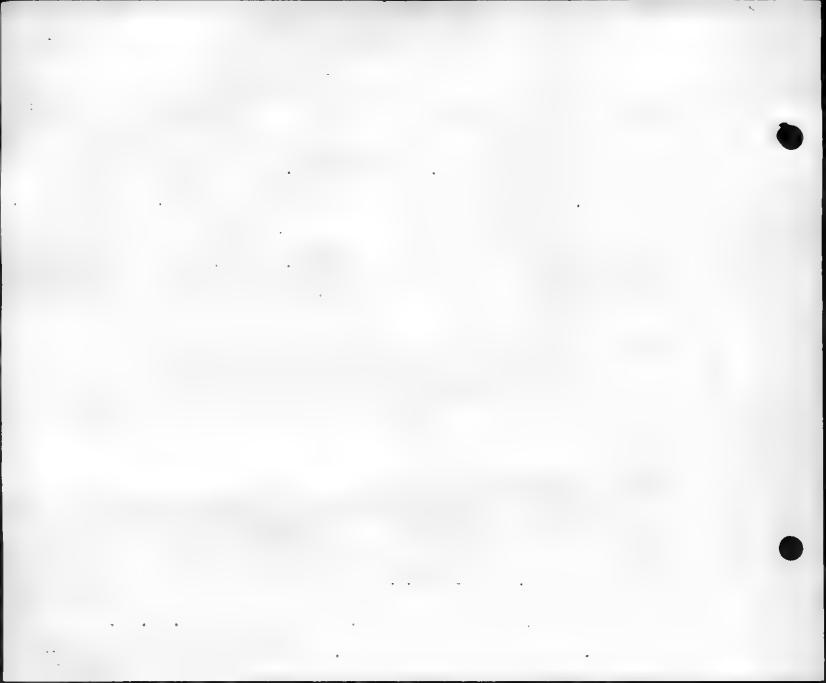
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16994 1. DECEASED-NAMI death. Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) DECEMBER Manth 25. Day 1966 ROSE CORAM 1:304 ate be executed within 24 haurs after 3. SEX 4 RACE JALALAPT 6. AGE (In years IF DINOFR 24 HRS lost bytheay) PROCECUE 1892 FEMALE WHITE 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH country) burial, crematian, or remayal, and in new carban papers MARYLAND U.S.A. WIDOWEDXIX BALTILORE. DIVORCED [ D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) dring most of working I fe, even if retired ) INDUSTRY TOWSON EPH HOSPITAK 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 13d INSIDE CTY JANUES? 13e STREET AND NUMBER 135 COUNTY YESKIXIX NO BALTIMOPE 1210 WOODBOURNE AVE. #21212 14 FATHER'S NAME Bridget Middle Last Middle Last Samuel Leonard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Rose Adelson Address Yes, no, ar unknown) emss APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) \_\_\_ Massive intestinal inforction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION G VEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending as the prior to l has been 19a DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? director, page 3 shauld be detached for use should be filed with the State Dept. of Health p YES 3 NO | TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, tem 18.) 21b. TIME OF PULLEY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (1) (this haspital) attended the deceased from December 22, 19.68, to December 2519.68, that (1) (we) last saw the deceased alive on December 25, 19.68, and that in (1997) (our) apinion death occurred on the date and have and from the couses stated above, (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 12-25-68 DEGREE PHYS 7620 York Roid, Towson, Md. 21204 NAME (Type) Ines Cilliani. M. 12/28/68 230 NAME OF CEMETERY OR CREMATORY Loudon Park 230 BUR AL, CREMATION, Balto Ma Town) (Caunty) (State) REPORTED! 24 FUNERAL DIRECTOR ADDRESS onard J. Ruck Inc. Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



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wii wii	00	dmission) STATE	Md.	13b COUNTY	Balti	more			YES 🔲	NO 🔲	8700 Ap	t.D Lo	och R	aven	B <sub>1</sub> v <sub>d</sub> .
hin 24 hours ofter notal in Item 18 Granner's Office olding pages 1 and 2 with hours offer death	14 F	ATHER'S NAME	First	Midd		lost	1	s. MOTHER'S N	MAIDEN NAME	Eirst		Middle		lost	
S O S O S O S O S O S O S O S O S O S O		Thomas	Reid C	orbett					Elize	abet	h Mae We	athem	nan .		
in 2 cal in mer age		WAS DECEASED EVE				L SECURITY NO.	17	INFORMANT		,		DDRESS	2120	4	
	(1	es, no, or unknow	(1) yes givi	wor or dates of service)		NONE		Thomas	s R. Co	orbe	tt, 8700	Loch	Bend	Driv	е
xecuted wil dding" in pe Medicol Exar permit. File it within 72		18. CAUSE OF	DEATH (Enter or	ily one couse per									Bi	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
be executed "pending" ir iief Medicol I insit permit. I event within		PART I. DI	eath wàs cause Immedi	D BY: ATE CAUSE (0)	Bilat	eral of	titis	media	l	(SD	II)				
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sho se w o th o th		last.		) (c)											
s certificate should be executed within 24 e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's used as a burial-transit permit. File pages emoval, and in any event within 72 hours		PART 2 OTHER S	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEA	TH BUT NOT RE	LATED TO	THE TERMINAL	L DISEASE OR	COND.TIO	N GIVEN IN PART	1(0)			
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AM e th e 4 our our ige		AT WORK AT	T WHILE T	octory, office build.	ing, etc.)										
DEPUTY DICAL EXAMINER: cessory, please execute the cert e funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation.				took charge af	the remoir	ns described	ahave	held an Au	itnasy 🔯	Ins	pection [7],	Inquery	П. с	and in m	v onlinior
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ro DEPUTY necessory,   the funeral 5 may be r 0 FUNERAL Health prii		NAME (Type)	Onar re	a o op.						t, city, to	wπ, or county)				
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VR A15ME (5)	24	FUNERAL DIRECTO			-01 *	ADDRESS		14 03	250 REC	D BY SEC	0 1968	b REG STRAR	rs signat.		
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SEASON AND ATTER DEPARTMENT AT I



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HEALTH DEPT.		ECEASED NAME	First		Me	ddle		Lost			20 DATE	KNOWN	Month		Yeor	25 НО
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y S S S S S S S S S S S S S S S S S S S	3 5	X	4. RACE	5 DATE OF BI	RTH	6. AGE	(In years IF UI enthday) MONTHS	NDER I YEAR	IF UNDER 24 HOURS	4 HRS MiN	2c DATE F	PRONOUNCE		V		2d. HOL
ond ond	_	ale	White	1/15	11421	47	YRS				Dece	ember	Doy 14		eor 19 68	1:20
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Thouse after Herm 18. Gi Office along Tond 2 with after death		dmission) STATE	Md.	13b COUNTY	Baltin		DUNDA		YES NO	0 🗆	8118	3 N1	Bound	arv	Aven	ue
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F TO S OF S		0	LIYER	2 0	ORE	7		ANA	ECIN	7	77	RICI	KEI	7		
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일 후 후 후 급		lost. 9/7	derlying couse	7.1	C AS A CONSEQ	OLNEL OI										
		PART 2. OTHER	SIGNIFICANT CONDIT	(c) IONS CONTR BUI	ING TO DEATH	BUT NOT	RELATED TO THE	TERMINAL D	ISEASE OR CO	ONDITION	L GIVEN IN	PART 1(n)				
	27	See 2	lfAcc	ident	enrou	te t	o work	C .			, 0(+1(1)	TAKE MAY				
te, writin forword e used or removal,	CERTIFICATION	190 DATE OF O	PERATION				HICH OPERATION								20 AUTOPS	¥?
rer rer	ZTIFIC					FORMED?									YES 🔀	
불국 끝이		210 EXTERNAL I	Cause was R Contributing [	1 HOURSA	IN URY Month,				CURRED (Ent							
INER: e certifit should files 3 should otron, c	MEDICAL	CAUSE OF DEAT	H	_ TT:00b	M 12-1	.3 19		TION Street	fpikk	cup			eh st			
KAMINER: te the cert je 4 should your files oge 3 shou cremotion,	~			ACE OF INJURY ory, office builds	ng, etc)	, syrger,			n & No	an th	1	or Town	10	(out	imore	State
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ICAL 1 exector. Por Port of for CTOR:			certify that I tai	ok charge at i Natural cau		aescribe Accident		<u>an Auta</u> de □,	ipsy ( A), Ham.cide		pection		iquiry [		and in m	iy apinio
blc. leose e drector drector brained DIRECT r to bu		gediii ie	Soffed Huffi.	I Can	ises -	ALLIGETT	<u> </u>  X_ , 30 C		EF MEDICAL E		_	ermineo	HUHHIEF			
2 2 .0		ACTUAL SIGNATURE	Chan	SJ.	4		-		ET MEDICAL E ISTANT MÉDIC			ล	22b. DATE	SIGNE	0	
EPUTY issory, funero oy be INERA! Ith pri		EXAMINER'S	Charle	s S. S	ringat	A M	D		UTY MEDICAL				ecemb	er.	14. 1	968
o DEPUTY necessory, the funero 5 may be o FUNERA Health pr		NAME (Type)	Ondric		pringac	, II		ADD	ORESS(Street,	city, tov	yn, er cour	nty)				
TO D mece the 5 m 10 FU	230	BURIAL, CREMAT REMOVAL (Spec		DATE /	23c. 1	IAME OF	IMPLEY OF EN	MATORY		23d	LOCAT ON	(City or To	wn)	(Count	ly) (5	tote)
	1	UKIAL	12/	1/196	80 12	YER.	ELMND	1 /	1	12	RSA	57,	Me	1		
VR ATSME (5)	h	CLEAN E	Dinke,	Gleon	Ly, C	ADDRES	Colfi,	mari	DATE DE		T 10	256 R	G STRAR'S	SIGNAT	URE	Las
10M REV 1/68					/			,	DATE UE	<u> </u>	1 10	UU	1	174	1	7



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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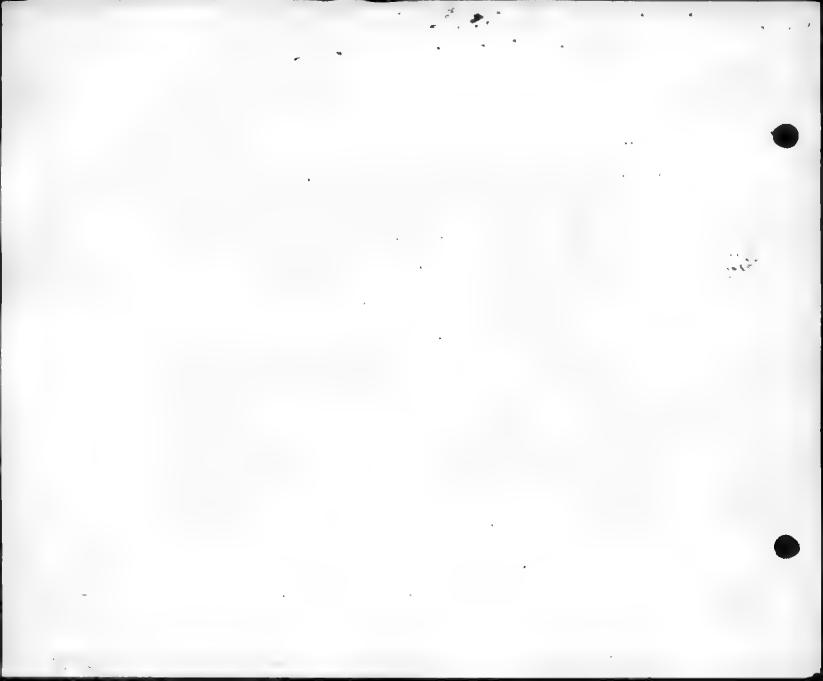
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be executed within 24 hours after death.

Page 4 moy be retoined by the hospital ar attending physician.

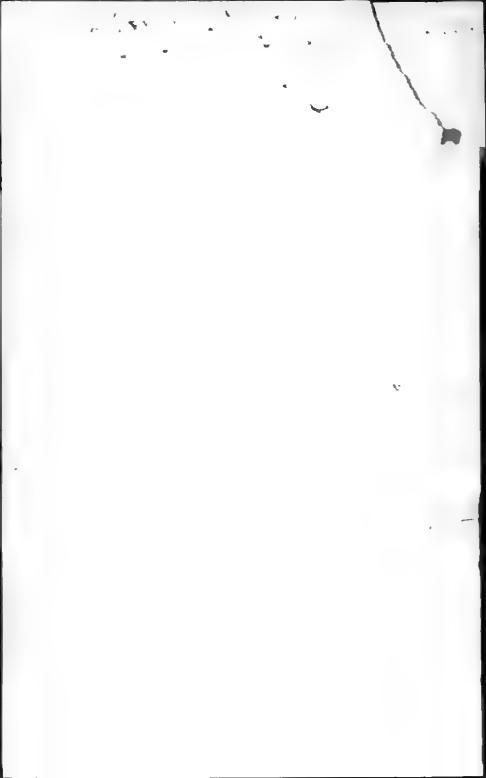
TO FUNERAL DESCROR: After this certificate hos been signed by the attending physicial and tompletely filled in by the director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papers. Pogl should be filed with the State Dept. of Health prior to burial, crematian, or removal, one in any event, within 72 hours a

1600"

سكالب	COGO.			CEKIII	ICAIE OF	DEALU			الم	1033	4
I DECEASED-N (Type or pri	-41		M ddle		Lost		2a DATE	OF DEATH	_		2b. HOU
	") PA		CHARLES	C	ORNELIU	SR.		Month DECEMBER	7 To	1968	1:10
3 SEX		4 RACE	ACTAN		S DATE OF		200	6 AGE (In yes	ors i	FUNGER YEAR ONTHS DAYS	IF UNDER 24 H
MALE			ASIAN			12, 1		48	YRS.	ONTIGE ONTS	1.00%3
70. BIRTHPLAC COUNTRY PENNA	(State or foreign	75. CITIZEN OF W			ED 📉 NEVER MA		9 COUNTY				
		U.S.		WIDOWE		ORCED _		TIMORE			
FORT I	WN OF DEATH IOWARD	N V	IAME OF HOSPITAL OR INS street address) ETERANS AD	MINIS	TRATION	I an ud u	nost of work	ION (Kind of work inglife, even fret DROVER		12b. KIND OF INDUSTRY	BUSINESS OR
130 USUAL RE odmission) S MARYI	DENCE (Where dece ATE ND	posed yed, if institu	tian. Res dence before		OR TOWN	3d INSIDE CTY		STREET AND NUMBER 313 RAVE		D AVEN	UE
14. FATHER'S N		Middle	Lost		15. MOTHER S A	MAIDEN NAME	First	Me	ddle		Lost
	HIRAM		CORNEL	IUS		F	LORENC	Æ		SI	AHL
160. WAS DEC	ASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY I	NO. 17	7 INFORMANT			Add	dress		
Yes no or u	( )	WWII	170 12 6	027	CLINICA	L RECO	RDS, V	OH TH HA	WARD		
18. CAUS			ine for (o), (b), and (c).							APPROXI BETWEEN O	MATE INTERVAL INSET AND DEATH
PAK	I. DEATH WAS CAU	DIATE CAUSE (o) BI	RONCHTAL PI	WEUMO:	NIA, MA	SSIVE				DA:	rs .
14	21		AS A CONSEQUENCE OF								
	s, if ony, which gov imediate couse (o)		JUTUPLE PUI	LMONA	RY EMBO	LI				WE	EKS
stoting t	ne underlying cous	DUE TO, OR	AS A CONSEQUENCE OF								
lost		(c) 147	COCARDIAL :	INFAR	CTION W	THE MU	RAL TH	ROMBOSIS		YE	ARS
= 42		ONDITIONS CONTRIB.	T NG TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION G	.VEN IN PART I(o)			
E TWO DATE		L CONDITION FOR WI	HICH OPERATION WAS PE	PEOPMEN	20o. AUT	OBCV2	[20]	. IF YES, WERE FINE	OINCS CON	CIDEBED IN CI	DTICVING
190 DATE	OF CLEANION 17	D COMBINION TOR MI	TICH OF EXAMON TRAST E	KIOKMILU	YES [		CAL	ISES OF DEATH?	YES	STUCKED IN CE	KULLING
210. ACC	DENT WAS UNDERLY	ING 21b. TIME O	F INJURY	21c				injury in Part 1 or f		m 181	_
	RIBUTING CAUSE OF D				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ronnas fami	VI 1101010 01 1	illory in core i or i	VII 2, 1101		
While F	RY OCCURRED 21 Not while		AT HOME FARM STREET FAC OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No	0. (	liy or Town	1	County	Stote
ot work 22a. L	ertify that 30 (	this hasnital) att	ended the decense	ed fram	11/6/6	.8 19	fa	10/7/6	Q 19	that	VIV (ivo) (
20	v the deceased uses stated aba	alive an 12 ve, (did)	ended the decease 77/68 I	9, a bady afte	ind that in (x) or death.	政) (aur) ap	pinion deat	h accurred an t	the date	and havr	and from t
22b SIGN		////	200	)	ATTEND				22c DAT	FE SIGNED	
		Yen.	- Dh	DE	GREE PHYS		MED DIRECTOR	STAFF CX	12	8 68	
22d. PHY NAM		(IO Or GU	IROS, M.D.		22a. AD		AL, FO	RT HOWAR	D, M	ARYLAN	D
23o. BURIAL, C	REMATION, 23L	DATE /12/168	23c NAME OF	CEMETERY C	OR CREMATORY		23d. LOC/	ATION (City or Town	n)	(County)	(Stote)
REMOVAL BURT		/72/ '68	OAK IA	WN CE	METERY			BALT	'IMORI	E. MAR	YLAND
24. FUNERAL C		1101111 200	ADDRESS			25a. REC'D	BY REGISTRAF	25b REGIS	STRAR'S SIG	GNÄTURE	
MORAN	FUNERAL :	номе, 300	O E BALTO	ST, E	MI, BALTO	DATEDE	111	1968 00	Lines	la Car	2-0



miter. 12/23/68in. I recham et may Concern y Jones of Both & I mrs Betty C. Cornelius wife of Paul Charles Cornelius Sr. who died an Mec. 7-1968 at Fort Howard Dospital in Baltimore County do not wish to have any certificate of death given to anyone under any circumstances what so ever. Thank you Very much Mrs Betty C. Cornelius 1629 Gail Road apt 2 Baltimore 2/221 Maryland.



TATE		16987		RECORDS, 301 W. PRES			IND 21201	16998
	I DE	CEASED NAME	First	Middle	Last		2a. DATE KNOWN Ma	onth Day Year 2b HOW
DEI II	(T	ype ar Print)	Fred.	S.	Corsor		OF ESTI-	7,203
ent of	3 5E	x 4 RACE	S DATE OF B	SIRTH   6 AGE (In vi	F JNDER 1 YEAR	IF JINDER 24 HRS	DEATH MATED	12 25 19 68 6 A 2d HOU
				lost birthda	WONTHS DAYS	HOURS MIN	Month Doy	Year C2
- 1-		ale W.		-701	YRS TELEVISION TO THE PROPERTY OF THE PROPERTY		12	25 19 68 81-7
	ra b Caunt	IRTHPLACE (Stote or foreign)	n 76 CITIZEN OF V		MARRIED NEVER MARR		TY OF DEATH	
-	10 6	Va.		SH	L-1	(ED D	Balto.	N.
-	IQ LI	TY OR TOWN OF DEATH	GIVE	NAME OF HOSPITAL OR INSTITU	TION (If not in haspites		JPATION (Kind of work do working ife, even if retire	
-		Towson K	X 21212	6900 Lackland	Cir	Chief E	ng.	Merch Marine
- 1		CTATE	1 125 COUNTY	itut on Res dence before 13c			13e STREET AND NUMBER	
.  -		IV.	a.				6900 Lackla	nd Cir.
	14 F/	THER 5 NAME F 15	t Midd	lle Last	15 MOTHER S MAIDE		Middle	Lost
		Fred				Maude		
-		VAS DECEASED EVER IN U.S.	ARMED FORCES? If yes give war or dates of service)	16b SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		s, na or unknown) 1 NO -		217-16-4328	Dorothy H.	Corson	same as l	
1		18 CAUSE OF DEATH (I	nter any one cause per	line for (a), (b), apt (c))	0	11/2	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART DEATH WAS	MMEDIATE CAUSE (a)	1100	OMary	(1)0	C/US10	7 Sudder
ı		17 1 1	DUE TO, O	OR AS A CONSEQUENCE OF	//	7	~	1 - 1
		Canditions, if any/which rise to immediate cous		( oron	274 H	riery	1115023	se 5 /40
		storing the underlying		OR AS A CONSEQUENCE OF				1
П		last.	— )					
1		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DIS	EASE OR CONDITION	G VEN IN PART 1(a)	
ı	22	*						
ı	CENTIFICATION	19a. DATE OF OPERATION		19b. COND TION FOR WHICH	OPERATION			20. AUTOPSY?
ı	Ĭ			WAS PERFORMED?				YES NO Z
		210 EXTERNAL CAUSE WA		DF INJURY Manth, Day, Year	21c HOW INJURY OCCU	JRRED (Enter nature	af in Jry in Part or Part	t 2, Item 18)
l	MEDICAL	PRIMARY OR CONTRIB		A.M. P.M. 19				
ĺ	鉴	21d INJURY OCCURRED	21e PLACE OF INJURY	(At hame, tarm, street,	21f LOCATION Street or	RED No	City or Town	County State
	Н	AT WORK AY WORK	factory, office build	ling, etc.)				
1		22o. I certify 1	nat I took charge of	the remains described of	ove held on Autop	sv 🗀 . Insp	ect.on Inquir	y 🔲 ond in my opinio
1			om. > Natural sa			Homicide	Undetermined man	
			//		,,	MED CAL EXAMINER	_	
ł		ACTUAL	601/20	17th )000	C 2/1/	TANT MED CAL EXAM		DATE SIGNED
l		SIGNATURE	tarue!	770000	(11.0	'Y MEDICAL EXAM NI	HILL L	12-25-1968
1		EXAMINER'S NAME (Type)	las B ola	11 W.B		ESS(Street, city, tow	n er ce neul	
1	230	BUR AL CREMATION.	les F. O'Do		TERY OR CREMATORY		LOCATION (C ty or Town)	York Rd. (Caunty) (State)
1	70	REMOVAL (Specify)	12-28-196		r, 1	230	B - 1-4	(State)
-		FUNERA, DIRECTOR	112-28-196	ADDRESS		?Sa RECD BY REGI:	STRAR 25h RECISTE	RAR S S GNATURE
10				1050 X Y	ork Rd	DEC 3 0	as Mil	ma Indee
d P	ATII 9	COOK-RICON	ts lowson,	Inc. Towson,	Ma. 21204		1000	THE YOURSE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then proceed emaye carbon pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 was after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the haspital ar attending physician.

executed within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					,	- 17   1   1	CAIL OI	APLILL						
	CEASED-NAME	First			Middle		Last		2o. DATE OF	DEATH			2b. HC	OUR
(1)	ype or print)	Euge	nia	F	E.	Cost			De	ecember	Doy	1968	2 .	
3 SE			4. RACE				5 DATE OF BIR	TH		6 AGE (in year	s	F UNDER 1 YEAR	IF UNDER 24	HRS.
]	Pemale			White	3		7/05	/96		lost bythdoy)	YRS	MONTHS DAYS	HOURS	Milh
7o B	IRTHPLACE (State or fi	oreign	76 CITIZEN		JNTRY?	8. MARRIE	NEVER MARR	IED 🗌	9. COUNTY OF					
	Md.		U.S			WIDOWE	D DIVORO	ED 🗌		Balt:	imor	.6		Md
	or town of DEAT Catonsvill			11. NAME OF give street of	HOSPITAL OR INS	nnorunn. Lgrov				(Kind of work life, even if reti		126 KIND OF INDUSTRY	BLSINESS O	R
13a odm :	USUAL RESIDENCE (Whossion) STATE Mo		ad lived, fir 13b COU	Limits	sidence before			YES NO		REET AND NUMBI		Road	21228	j
14. F	ATHER'S NAME F	rst	Mid	dle	Lost		1s. MOTHER'S MAI	DEN NAME FI	irst	Mide	dle		Last	
	Ge	eorge	Snyde	er			Ele	anore	Rabbit	t				
	WAS DECEASED EVER I		ED FORCES?		OCIAL SECURITY N		. INFORMANT		_	Addr				
	es no, or chillowilly	(1. ) 43 g 10 H	or de damp of serio				Mr. Hora	ce F.	Cost, S	or.,24 l	V. E	elgrov	e Rd.	
	1B. CAUSE OF DEATH	(Enter onl	y ane cause	per line for (	o), (b), and (c).)			, 0	. 4			APPROXI BETWEEN C	IMATE INTERVAL ONSET AND DEA	TH.
	PART 1 DEATH V		1 BY TE CAUSE (a)	_a	C116	me	MERRIN	us	wiffan	elion		m	ridia	te
	417		DUE TO,	OR AS A CO	NSEQUENCE OF	1	A	. /		1	1		1	
	Canditions, if any, wi		(b)	Erron	any 116	marie.	lerois y	Elmon	ia hu	2 fter	ling	Dev	111 /3	1.1
	stating the underlyi		DUE TO,	OR AS A CO	INSECTUENCE OF					V			1	
	last.	,	(c)		N. D. F. L. C.	W 051 ADED								
	PART 2 OTHER SIGN!	FICANT CON	DITION? CON	TRIBUTING TO	DEATH BUT NO	DI RELATED	TO THE TERMINAL	D SEASE OR C	OND TION GIVE	{ IN PART 1(a)				
NOI	7 A. 19g DATE OF OPERATIO	M 105 /	ONDITION CO	ים שעורט ספנ	RATION WAS PER		20o AUTOP	r v o	7005 15	YES, WERE FINDI	NCC CO	NEIDEDED IN A	EBYLEV NO	
CERTIFICATION							YES 🗀	NO 🔁	CAUSES	OF DEATH?			ER IIFY NG	
MEDICAL CE	2 a. ACCIDENT WAS OF CONTRIBUTING (If either, notify med	AUSE OF DEATI	HOUR	ME OF INJUR' A.M. Mani P.M.	y th Day Year 19		HOW INJURY OCCU	IRRED (Enter	nature of mour	y in Part I ar Po	ort 2, 1t	em 18.)		
- 1	21d. INJURY OCCURRI	D 21e.		URY (AT HOM OFFICE			LOCATION Street	or R.F.D. No	City	or Tawn		Caunty	Stel	le
	at work at work 22a. I certify the	nt (1) (the	- hosaital)	nttended	the decease	d from	29 Ja	22 196	6 . to 9	020	19.0	≤∑r that	(1) (	r las
	22a. I certify the saw the dec causes state	eased at	ive on , (I) <del>(we</del> ) (	did) (did n	ot) view the l	و کے و pody ofte	nd that in (my r death.	) ( <del>our</del> ) apii	nian death o	ccurred on t	ne dat	e and hour	and fram	i the
	226 SIGNATURE	- 21	200	1000	00	MID	ATTENDING	TOV M	ED RECTOR	STAFF		ATE SIGNED	18	ſ
H	22d. PHYSICIAN'S	1.00	المريكية بالمريا	1	1	770 00	GREE PHYS  22e. ADDR		KECTOR -	PHA?	10	112.6	00	
	NAME (Type) D	r. Wi	lmer i	K. Gal	lager,	Jr			more Na	tional	Pik	6		
23a	BURIAL CREMATION,	23b D			23c. NAME OF (		R CREMATORY			N (City or Tawn)		(County)	(State)	
	REMOVA (Specify)	12	/10/68	3	Woodlav	n Cer				more, h				
24 I	itzke, 41	01 Ed	monds	n Ave	address	212	229	250 REC'D 81	PEGISTRA BA	25b PF316	PAP S	CNATURE	74	

CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17000

16939 eath o de de TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter, fulled in by director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. It should be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours.

	ECEASED-NAME Type or print) B	First ERT	RIDDELL	CR	LOST AM ER	20.	12 Month	27 Doy	68 Year	8: 15 M
3. SE	X	4 RACE			DATE OF BIRTH		6. AGE (II		IF UNDER 1 YEAR	F UNDER 24 HRS.
	MALE		WHITE		10/17/	19	last birt	glay) YRS	MONTHS DAYS	HOURS MIN
70 E	BIRTHPLACE (State or fore	ign 7b CITIZEI	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COL	INTY OF DEATH			
Cubi	Maryland	1   [	J.S.A.	MIDOMED [	DI <b>VO</b> RCED 🔲		BALTIMO	RE Co	٥.	Md.
1D. C	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR I			USUAL OCCU	UPATION (Kind of v	rotto ane	125 KIND OF E	
	TOWSON		GREAT BAL				warking life, even Genera		e-Beth	1.Stee
13a. admi	USUAL RESIDENCE (When ission) STATE Marv	_ I 1/3b. c0	institution: Residence before UNTY	Balti	1 X	NO CLA TIWIZA	13e STREET AND M 2916 A		do Sq.	•
14 F	FATHER'S NAME First		iddle Last		OTHERS MAIDEN NA	AME First		Middle		Last
	Bert	Ridd	lell Cran	ner M	argaret				Bron	nwell
16a Y	WAS DECEASED EVER IN (185_no, or unknown)	U.S. ARMED FORCES fyes give war or dates at si			ormant iola Cr	amer-	-2916 A	Address Lvara	do Sq	
			e per line far (a), (b), and (	0.1						MATE INTERVAL INSET AND DEATH
	DADT I DEATH WA	C CALICED DV.	Bowel Mal		COLON (	A NOTE	(Chro	nic)	GETWEEN OF	SICI MAD DEXIN
	1538		O. OR AS A CONSEQUENCE O	-	COHON	JAUROJES:		1120/		
	Canditions, if any, whic	h gave)	TL	•						
	rise to immediate cau		O, OR AS A CONSEQUENCE O	F						
	stating the underlying last.	60036	(c)							
	PART 2. OTHER SIGNIFIC		INTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITE	ON GIVEN IN PART	?(o)		
27	1538	_						,		
\$TIO!	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS	PERFORMED	2Da. AUTOPSY?		206. (F YES, WERE	FINDINGS CO	NSIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION					YES 🔲 N	0	CAUSES OF DEATH	ř		
CER	210 ACCIDENT WAS UN	N - W	TIME OF INJURY		INJURY OCCURRED	(Enter nature	e of injury in Part 1	or Port 2, Ite	em 18.)	
)CAL	OR CONTRIBUTING CAU		R.A.M. Manth Day Yes P.M	or 19						
MEI	21d INJURY OCCURRED While Not while	21e. PLACE OF I	NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		TION Street or R.F.	D. Na.	City or Town		County	State
	at work at work	/ /this bosnite	(I) oftended the deced	cod from	1_28	10.68	to 12_27	10 /	58 that	(we) lost
	saw the dece	ased alive on	ecember 27	19 60, and 1	hot in (my) 766	Fapinion (	deoth occurred	on the dat	e and haur o	and from the
	couses stoted	above, (I) (349	(did) (stiskpost) view th	e body after de	ath.	, -,				
	226 SIGNATURE	i ory	2,	DEGREE	ATTENDING PHYS.	MED. DIRECTO	R STAFF		ATE SIGNED -27-68	
:	22d. PHYSICIAN'S NAME (Type) DR	. MORTEZ	A MOUSSAVI	, M.D.	22e. ADDRESS 6701	N. Cha	arles St	. 212	204	
23c	BLRIAL CREMATION.	23b. DATE		F CEMETERY OR CR			LOCATION (City or		(County)	(State)
	REMOVAL (Specify) Burial	12/30			aith Ce				Ma	ryland
						ECID BY REGI	STRAR 2Sb	REGISTRAR'S S		
Rc 60	bert C	rd Rd	rg Funeral Balto.	Md. 212	214 DATE	DEC 3	0 1968	Jelian	May Jay	ye

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) \*2 30M REV 1/68





NALDI FUNERAL HOME, WASH.

be executed within 24 haurs after Beath.

physician and completely filled in by

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physican and completely filled in by director, page 3 should be detached for use os the buriol-transit permit. Then plinose remove carbon papers. For should be filed with the State Dept. of Health prior to buriol, cremation, or remavol, and in any event, within 72 hou

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the doot

Page 4 moy be retained by the haspital or attending physician.

# MARYLAND STATE DEPARTMENT OF HEALTH

			CERTIFICATE OF DEATH		2.000
L	DECEASED-NAME First (Type or print) L U/		e UR RO	2a DATE OF DEATH  De Month / Day	1988 8 10 4 M
3. \$	MALE	4. RACE WHITE	S. DATE OF BIRTH	79" YRS.	1F UNDER 1 YEAR IF UNDER 24 MRS. MONTHS CAYS HOURS MIN.
ľ OU	SICILY	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED AEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH / Baltimore Cour	
M	CITY OR TOWN OF DEATH	give street oddress)  Mt. Wilson	State Hosp Soon	IAL OCCUPATION (Kind of work dane next of working fe, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
adn	nessian) STATE M.D.	d lived it institution Residence before	CHILLUM YES N	10 JEOIBURGESS	
	FATHER NAME FIRST	Middle Lost L. CURR	111010110	1A GEASSO	CVRRO
	o. WAS DECEASED EVER IN U.S. ARM Yes, no, or upknown) (If yes give w	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY 578-78-36	1000	Address Wilson State	lospital
	Canditians, if any, which gave rise to immediate couse (a), storing the underlying cause lost.	y one couse per line for (a), (b), ond (c) BY: TE CAUSE (a) CEREBIAL  DUE TO, OR AS A CONSEQUENCE OF  (b) ARTHUR I DSC  DUE TO, OR AS A CONSEQUENCE OF  (c)	LEROSIS, GENERA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  44 8 m o.  10 Yr. S.
_	PART 2. OTHER SIGNIFICANT CON		NOT RELATED TO THE TERMINAL D SEASE OR IBERCULOS IS	CONDITION GIVEN IN PART 1(0)	
CENTIFICATIO	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CEI		H HOUR A.M. Manth Doy Year ner) P.M.	9	er nature of injury in Part 1 ar Port 2, It	em 18.)
ME	While Not while of work  22a. I certify that (this saw the deceased all	V DEFICE BUILDING, ETC.	eed from J J U N 1 19 19 19 19 19 19 19 19 19 19 19 19 1		County State  A, that If (we) last e and haur and fram the
	22b. SIGNATURE Mels	ame	DEGREE PHYS	MED. STAFF DIRECTOR K STAFF DIRECTOR	ATE SIGNED
	22d. PHYSICIAN'S NAME (Type) Willi	am Newcomer, M.	MUNITUE H		
E		ECEMBER 1968 FORTA	CEMETERY OR CREMATORY CINCOLN MAUSOLEUM	23d, COCATION (City or Town)	
24	FUNERAL DIRECTOR PINALIDI FUN	ADDRESS IERAL HOME, VI	VASH, D.C. DATOE		IGNATURE CENTRAL



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17004

			44000000		DETTI II			2 1 0 0	- 28
1.	DECEASED-NAME First (Type or print)	Middle		Last		20. DATE OF		V	2b. HOUR
L	WILLIA		CU	RTIS	JR.	Dec	ember 12	1968	3:45A
3.	SEX	4. RACE		5. DATE OF B	RTH		6. AGE (In years lost birthday)	F UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HRS HOURS MAIN
L	Male	White		Apri	1 20.	1915	53 YRS.	80013	HIGURS MIN
	untry)	7b. Citizen of What Country?	8. MARRIED	NEVER MAI	RRIED 🗌	9. COUNTY OF			
L	Maryland	USA	WIDOWED		RCED 🗌	Ba	ltimore		Mo
10	CITY OR TOWN OF DEATH  Towson	11 NAME OF HOSPITAL give street address) St. Jose	OR INSTITUTION (If a	ot in haspita +=1	during me	ast of working	(Kind of work done life, even if retired)	12b. K.ND OF INDLSTRY	BUSINESS OR
13	o USUAL RESIDENCE (Where decease				13d. INS DE CITY LI	1. Stat	REET AND NUMBER		
ad	mission) STATE Marryland	Baltimore	Cockeys	ville	YES NO	-	9 Warren I	84. 21.03	10
14	FATHER'S NAME First				AIDEN NAME FI		Middle	eda ETO	Last
L	William Har	rison Curtis	Sr.	Ros		Virgin		urtis	6431
10	og WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b SOCIAL SECU		NFORMANT		111611	Address	GI 110	
L	Yes, na, or unknown) (If yes give wa	or dates al service) 217-16	-4259 Mr	e Ros	eanna i	Curtie	Same as	# 13 E	
F		y arte cause per ne for (a), (b) at		<u> </u>	canna_	OUT CIS	Dame as	APPROX A	MATE INTERVAL
	PART I DEATH WAS CAUSED	BY Comments		Failu	re with	Atmin	l Fibrilla		NSET AND DEATH
П	5 // 7 IMMEDIAN	TE CAUSE (a)CONGES C.  DUE TO, OR AS A CONSEQUENCE		rallu	TC WILL	I RUELA.	T LTOT TTTC	101011	
L	Conditions of any, which gave )			Tirran					
L	rise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE	is of the	TITAGL					
ı	stating the underlying couse	(c)	CE OF						
L	PART 2 OTHER SIGNIFICANT CONE	DITIONS CONTRIBUTING TO DEATH (	BUT NOT RELATED TO	THE TERMINA	L D SEASE ORG	ONDITION GIVEN	N PART 1(n)		
١.	, *						(4)		
CEDITIFICATION	190 DATE OF OPERATION 195 (	ONDITION FOR WHICH OPERATION W	VAS PERFORMED	2Da AUTO	PSY?	2Do F	YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
201				YES	NO X	CAUSES	OF DEATH?		
		216 TIME OF NJURY	21c H0	1 -		nature of injur	y n Port 1 or Part 2,	tem 18.)	
18201031	or contributing Cause of DEATH		Year 19		,			,	
SACO	2 IU INJUNI OCCURNED ZIE I	PLACE OF INJURY (AT HOME FARM STR OFFICE BUILDING, ET		CATION Street	et or R.F.D. No.	City	or Town	County	State
	While Nat while at wark	( OFFICE BUILDING, ET	( /					,	,
	22a. I certify that (I) (this	haspitall attended the de	reased from NO	vember	29, 1968	, to_De	C. 12. 19	68 , that	(I) (we) Ins
П	saw the deceased an	haspital) attended the deve an December 1.	2_168_, and	that in (m	ıy) (our) opir	nian death a	ccurred an the di	ate and hour	and from the
П	causes stated abave,	(I) (we) (did) (did not) view	the body after o	leath					
П	22b. SIGNATURE	. Toubor		ATTENDII	NG MI	ED. RED.	CTACE	DATE SIGNED	
L	Cambo 7	- 10000	DEGR	11112		RECTOR X	PHYS L	12-12-68	
	22d. PHYSICIAN'S NAME (Type) Camil C	L. Tomboc, M.I	D	22e. ADD		- 5d ·	Torres V		
-	Odditte				ZO TOLK		Towson Md.		
23	a, BURIA., (REMATION, REMOVAL (Specify) Burial 12		ME OF CEMETERY OR				N (City or Town)	(County)	(State)
2/	Burial 12		ar Grove		2Sa REC'D BY	Cockey	sville 1	Maryland	1
	n. Cook-Brooks To	OWS ON The 1050	York Roa	id		1 <b>3 19</b> 6		MIGNATURE	- A
84	us tarre allunes l	CONCRETE THE A PROCESS	3 4 1 6	1 (11)	I DATE BY	4 4 12 12 12	262 161 151 151	ALTERNATION AND ADDRESS.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicaen director, page 3 shauld be detached far use as the burial-transit permit. Then release shauld be filed with the State Dept. af Health priar ta burial, cremotian, ar removal, and S. VR A18 45M -

and 2 death.

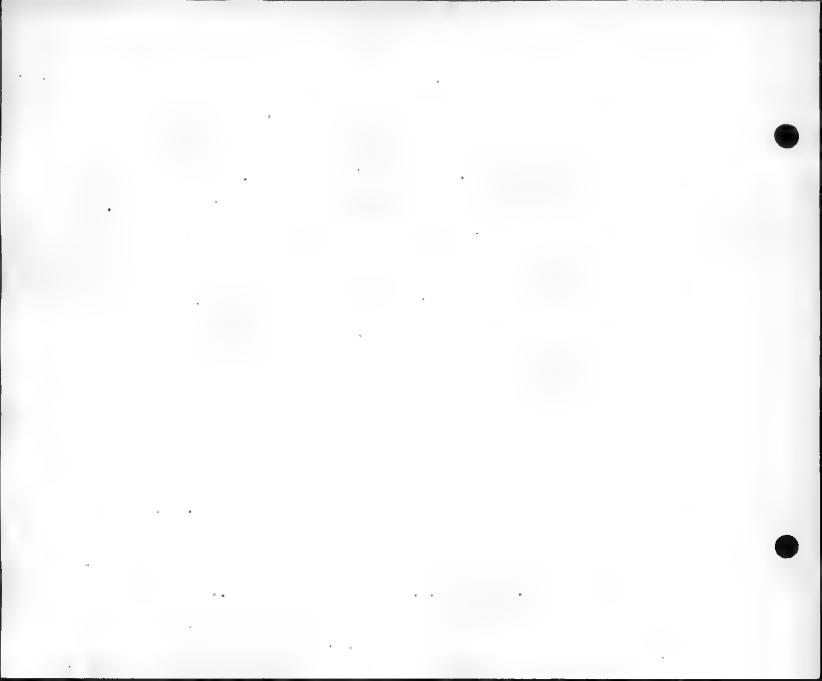
Rauss offer

and campletely filled in by the funeral

ease remave carban papers and any event, within 72 H

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

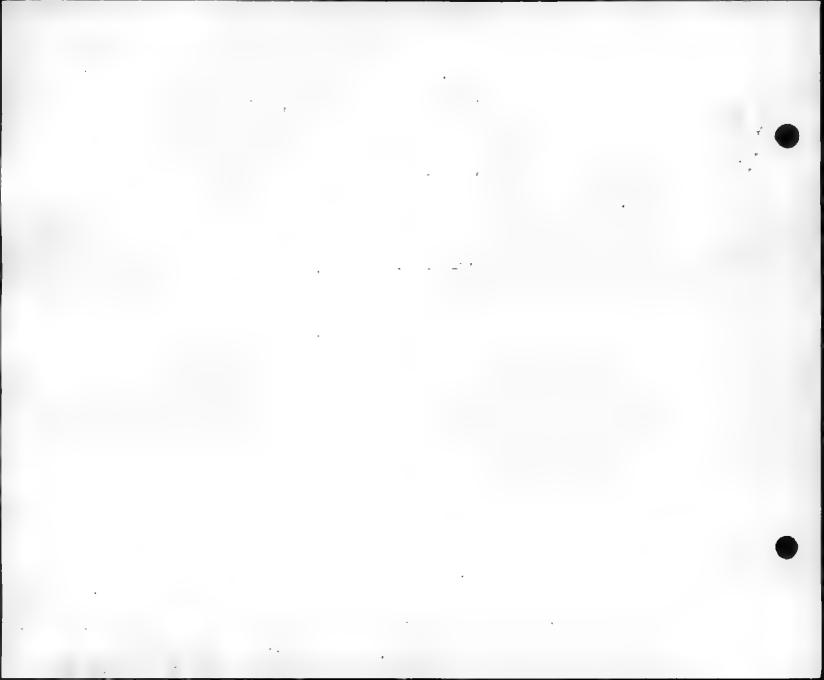
Page 4 may be retained by the hospital or ottending physician

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and catapletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove tarbah paper should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

Pages 1 and 2 hours after deoth. he funerol

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CEKIIF	ICATE OF DEA	ATH .		7100	
	DECEASED-NAME First (Type or print)	Middle		Last		ATE OF DEATH		26 HOUR
L	High EN	М.		DAILEY	Dec	cember Month 200	1968	9:55
3 5	Fema <b>le</b>	4 RACE White		April 22,	1903	6 AGE (n years log buthdoy)	F JNDER 1 YEAR MONTHS DAYS S.	IF UNDER 24 HRS HOURS MIN
		76. ET ZEN OF WHAT COUNTRY?	8 MARRIE	D K NEVER MARRIED	9 COUN	NTY OF DEATH		
	aryland	USA	MIDOME	D DIVORCED	□ Ba	altimore		A
	CTY OR TOWN OF DEATH TOWSON	11 NAME OF HOSP TAL OR IN	s Hosp	fination has per to 12 Property 12	o usual occur	PATION (Kind of work dani ogking life, even if retired	e 125 KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where deceose	ed lived, if institution Residence before	13c CITY (		MO 🔀	13e STREET AND NUMBER 1408 Maywood	d Ave.	
14	FATHER'S NAME First	Middle Last		IS MOTHER'S MAIDEN		Middle		Last
	Clifton	Sykes			Sarah		Lind	isey
lód	Yes no grunknown) 1 (If yes give we	or or dates of one )		INFORMANT		Address		
	Yes, na ar unknawn) (If yes give wo	215-01-792	22A F	red N. Dai	ley 140	8 Maywood A		MAYE NTERVAL
	Canditions, if any, which gave itse to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)	Lēbiti	s, left le	g			
L	412.1	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEA	ASE OR CONDITIO	N GIVEN .N PART 1(a)		
CERTIFICATION	19a. DATE OF OPERATION 19b C	CONDITION FOR WHICH OPERATION WAS PE	RF OR MED	20a AUTOPSY? YES 3		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER		HOUR A.M. Manth Day Year	-	HOW INJURY OCCURRED	(Enter nature	of Injury in Part 1 ar Part 2	2, tem 18)	
M	Whe Nat while	PLACE OF INJURY (AT HOME FARM, STREET, FA OFFICE BUILDING ETC				City or Tawn	County	State
	22a. I certify that (I) (this saw the deceased all causes stated abave,	s haspital) attended the deceas ive an 12-20 , (I) (we) (did) (did nat) view the	ed_from_ 968_, a bady after	12-15 nd that in (my) (au r death	ur) apinian di	a12=20,   eath accurred an the c	9_00_, that date and hour	(I) (we) lo and fram th
	22b S GNATURE	iccia	DEC	GREE PHYS	☐ MED DIRECTOR	STAFF Z 22-	Dec. 20,	1968
		Cilliani, M. D.				coad, Towson	4, Maryl	Land
	BLRIAL, (REMATION, 23b D. REMOVAL (Specify)	2/23/68 Dul	laney	Valley		OCATION (City or Tawn)	(Caunty) Balto.	(Stote) <b>Md</b>
	FUNERAL DIRECTOR	ld Home 6500 York		21212 250	EC 2 7	1968 25b REG STRAR	S SIGNATURE	ate
A L.T	T POLITOTT TOGGTO.			DAN	- W N/ U	IVUU A	A COUNTY NAMED IN	



>		16995		CERTIFICATE OF DEATH	•	17006
# 55#		ECEASED-NAME First	Middle	Lost	20. OATE OF OEATH	ay Year 2b HOUR
death.		John		JANE	Dec	21 1968 10:15 PM
s offer	3 SE	M	4. RACE		1886 82 YRS	IF UNDER 1 YEAR F UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
hours	7o l	BIRTHPLACE (State or foreign 71	CITIZEN OF WHAT COUNTRY?	THE TEXT OF TEXT OF THE TEXT OF TEXT OF THE TEXT OF TEXT O	9. COUNTY OF DEATH	
in 24 ha filled in papers. Hin 72 ho		WISCONSIN	U.S. A	WIDOWED DIVORCED DIVORCED	Baltimore	Md.
d within 24 letels filled aroon pape its within 7		Catorsi'll-e	give street address) Sharyer - Lo. A	iarsing Home during mo	L OCCUPATION (Kind of work dane ast of working life, even if retired.)	
	odm:	issian) STATE M J	lived, if institution: Residence before 13b. COUNTY $B$ $_{\sim}$ $/+$	1	₩ 6007 John	nyealez Rd.
e execut and cam remove n any ev	14. 1	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FI	400	Last
te brandian (	160.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b SOCIAL SECURITY		Reynolds	
e death certificate be ex attending physician and nermit. Then please rem an, ar remaval, and in an			or dates of service) 215-10-10			reake Rd Balf.
th certifi ding phy . Then remaya		PART I DEATH WAS CAUSED B	one couse per line for (a), (b), and (c)			BETWEEN ONSET AND DEATH
e death attendii permit. ian, ar r		Not related IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF	opnamend		locas
the a he a it pe		Conditions, if any, which gove ) 4	AS A CONSEQUENCE OF			
physician. physician. signed by the burial-transit burial, cremat		rise to immediate couse (a), ( stating the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF			
ysici ysici ned rial-t		last, 4-9/x	(c)			
_ 6 E e 6	NC	Parkusons Die	seare, Chronic ilu		getermen Dalizel	
the la atteni has b se as th pria	CERTIFICATION	190. DATE OF OPERATION 196. CO	NDITION FOR WHICH OPERATION WAS PI	RFORMED 200 AÖTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED TN CERTIFYING
CIAN: itial ar hificate I far u of Healt	¥	21a. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medical exominer	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part I or Part 2	, Item 18.)
PHYSIC he haspi this cert letached s Dept. o		21d INJURY OCCURRED 21e PL While Not while at work	ACE OF INJURY ( AT HOME, FARM, STREET FA	CTORY.) 21f. LOCATION Street or R.F.D No	City or Town	County State
ENDING ned by t R: After uld be c		22a. I certify that (1) (this saw the deceased aliv	haspital) attended the decease e an210ec D) (we) (did) (did nat) view the	ed from 12 NOV , 19 & 19 <u>68</u> , and that in (my) (aur) apid hady after death	8_, ta <u>タトの</u> をと, 1 nion death occurred on the d	9 <u>68</u> , that (1) (we) last late and havr and fram the
OR ATT be retain DIRECTOR e 3 share ed with 1		226 SIGNATURII	my (we) teleg (ala har) wew me	ATTAINING		DATE SIGNED
TAL OR oay be 1 AL DIRE page 3 e filed v		22d. PHYSICIANS	Sephensen MD	DEGREE PHYS OF	RECTOR PHYS.	21 Dec 1968
## ## ## /		NAME (Type) Richa	rd Rider Step.	newson 1300 Crof	<del></del>	t. md 21212
O HOSPI Page 4 m O FUNER director, shauld b	230.	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	1 1	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
03	24.	FUNERAL DIRECTOR 62/2	By A M. + P. HADDRESS	Odlana 250 REC'D BY	registrar 25b. REGISTRAR	
30M REV. 1.08	ľ	Im Cook Brook		000		





ADDRESS YOI Belair

Parkville

2Sb

Balto. Co.

REGISTRAR'S SIGNATURE

Toyer a may be the start this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the

The law requires that the death certificate be executed within

attending physician

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carban

signed by the attending physician and campletely burial-transit permit. Then please remave carban

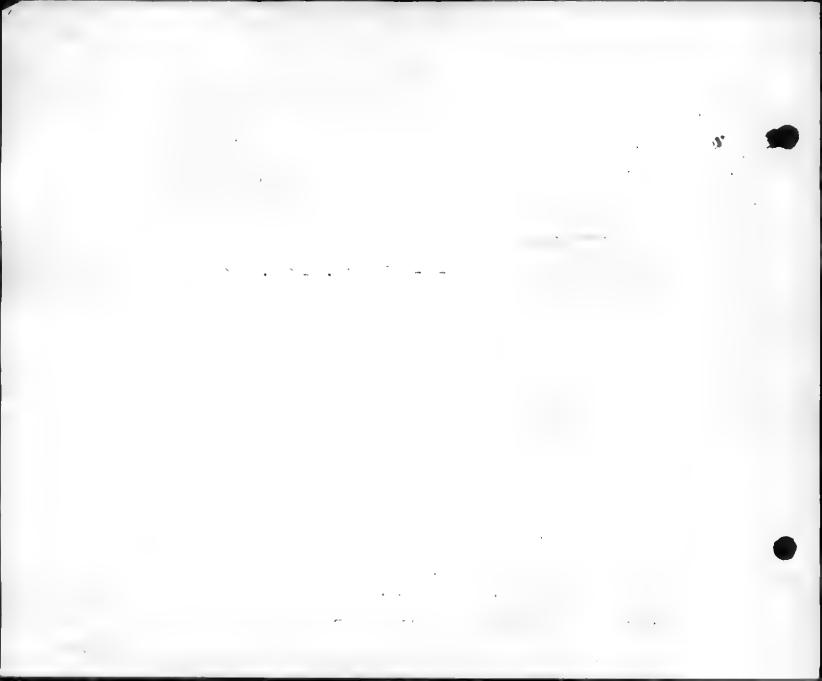


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	17	0	0	9	
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V		2000		•	CIVIII I CM	IL OI DEA	111					
		ECEASED-NAME Type or print)	irst Middle ichard		Lost			2a. DATE OF DEATH Month Do		2b HOUR 1155A		
	3 51		4. RACE			aros		12	12 26	1968		
~ X		Male			1.	DATE OF BIRTH		6.	AGE (In years last birthday) 55 YRS	MONTHS DAYS	HOURS MIN	
		BIRTHPLACE (State or Foreign	7b CITIZEN OF WHAT	COUNTRY		October :		NTY OF DE	55 YRS			
	cana	atry)  Ltaly		COGNIKI?	MARRIED X	NEVER MARRIED		ltimo				
		LTALY CITY OR TOWN OF DEATH	USA	OF HOSPITAL OR INS	WIDOWED	DIVORCED [	4			100 100 0 0	Md	
×	1	lowson	give stree	give street oddress)		Hospital Brick		klaver			126 KIND OF BUSINESS OR INDUSTRY	
	13o. odm	USUAL RESIDENCE (Where dission) STATE  ARYLAND	eceosed lived, if institution:		Baltimo		NO		t and number Joplin St			
L		FATHER'S NAME First	M ddle	Last	15 M	OTHERS MAIDEN N	AME First		Middle		Last	
T		Anthony 1	DaRes			Rose Ca	sagran	de				
		. WAS DECEASED EVER IN U.S. ARMED FORCES?  (fes. pg. or unknown) (fyes give wor or dates of service)										
		'es, na, ar unknawn) (fye	disa moi di dosas di sassica)	081-09-89	973 Mr	s. Rata	C. DaR	<b>e</b> S	Same			
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							APPROX BETWEEN	OMATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CHRONIC MYELOGENOUS I.FIIKEMTA									GUILT SUP DEBUT	
		2051	DUE TO, OR AS A									
		Conditions, if ony, which g	ave)									
		rise to immediate cause stating the underlying ca	[0],	CONSEQUENCE OF						_		
		last.	(c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)										
	2	004										
	CERTIFICAT, ON	19a DATE OF OPERATION	196 CONDITION FOR WHICH (					S WERE FINDINGS CONSIDERED IN CERTIFYING				
/	RTIF						/O 🔲	CAUSES OF				
		210 ACCIDENT WAS UNDE	E.B. (111.4 G1 1111		21c HOW	INJURY OCCURRED	(Enter noture	of mjury	n Part I ar Part 2,	tem 18)		
	MEDICAL	☐ OR CONTR BUTING ☐ CAUSE Of the either, notify medical e		lanth Day Yeor 19								
	ME	21d. N.JRY OCCURRED While hat while of work	21e. PLACE OF INJURY (AT )	HOME, FARM STREET FAC ICE BUILDING, ETC	TORY ) 21f LOCAT	ION Street or R.F.	D. No.	City or	Town	County	Stote	
			(this haspital) attend	ed the decease	d from 1	2/12/	19_68 .	ta 1:	2/26/ 19	68 tha	tan (aw) ast	
		saw the decease	(this haspital) attended alive at 2/26/ pave, (f) (we) (did) (dual	1	9. <b>68</b> , and t	nat in (av) (aur	r) apinian d	leath acc	urred on the do	te and haur	and fram the	
			pave, (K) (we) (did) (did	not) view the t	oady after dea	th						
		22b. SIGNATURE	1 1 1	1 81		ATTENDING PHYS	MED DIRECTOR	[ S	TAFF (CO)	DATE S GNED		
		22d PHYSICIAN S	ilmusel -	1 1777 -	MOEGREE		DIRECTOR		TAFF DE 1	2/26/68	3	
1		NAME (Type)	Samuel C. H.		.D.		rk Rd.	, Tot	wson, Md.	21204		
1	230	BURIAL, CREMATION, SEMONAL ("pecify)	12/28/68	Oaklaw	emetery or cri	MATORY	23d <b>Ba</b>	location	(Cty ar Town) Ore Maryl	(County) and	(State)	
X	24.	FUNERAL DIRECTOR		ADDRESS	1	1 _ / 2So. R	EC'D BY REGIS	TRAR	25h PLGISTRAR S		•	
<b>9</b>		Remond 7	Pulle la	C 3 4 6"	Hart. 11	P/ DF	C 2 7	1968	Jacone	to young	-	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17010 CERTIFICATE OF DEATH DECEASED-NAMI Middle Lost 2a. DATE OF DEATH signed by the attending physician and campletely filled in by the Funeral burial-transit permit. Then, please remove carbon papers. Pages t and 2 burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death (Type or print) & Month DAC Doy / 6 Year 43 3 SEX 4. RACE AGE (In years IF UNDER FYEAR IF UNDER 24 HRS lost birthday) DAYS HÖURS 21 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED 🔀 NEVER MARRIED 🗌 MunnsvilleN.I. U.S.A. WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life even if retired)
Bacterologist Ret. Dairy Cattonsville Eng. 130. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13d CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY YES 😿 Pikesville Dr. 21208 Lewell 14 FATHER'S NAME First M.ddle IS. MOTHER'S MA DEN NAME First Middle Lost Lost Melora Thomas Davis Unknown physicion 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, or unknown) I (II yes give war or ilates of service) 216-03-9426 Mrs. Sarah L. Davis 4202 Lowell Dr 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH requires that the death IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave ) rise to immediate couse (a), tic Page 4 may be retained by the hospital ar attending physician. DUE TO, OR harolos stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b O FUNERAL DIRECTOR: After this certificate has been 480 X 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES [7] of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M director, page 3 should be detached should be filed with the State Dept. of ( AT HOME FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. 23d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Mat while at work at work ATTENDING 6/ 19 6 to 22a. I certify that (I) (this haspital) attended the deceased from 48, and that in (my) (out) apinian death accurred an the date and have and fram the saw the deceased alive an (did nat) view the body after death causes stated above, (1) 22b STONATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION 23b DATE 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specury) 12/18/68 Druid Ridge Cem Pikesville Balto. Co. FUNERAL DIRECTOR ADDRESS 2So. REC D BY REGISTRAR 25b REG STRAR S SIGNATURE VR A15 (4)\_ DADEC 9 1968 30M REV, 1, 68 Loring Byers 8728 Liberty Rd. Randallstown, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17011 CERTIFICATE OF DEATH 20 DATE OF DEATH Middle Inst 2h HOUR 1. DECEASED NAME First (Type or pnnt) December 1 Anna Μ. Dembowski 1200Y 196<sup>Y</sup>8" 5. DATE OF BIRTH 1E LINDER 24 HRS 3. SEX A RACE 6. AGE (In years IS LINDER YEAR lost bisthooy) 10-10-1894 9. COUNTY OF DEATH 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED within 24 hou Pennsylvania etely filled in corbon popers WIDOWED X U. S. A. DIVORCED Baltimore within 72 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USJAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR 8 Colony Hill Court 27 during most of working life, even if retired.) INDUSTRY Arbutus 13o. JSJAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 8 Colony Hill Court 21227 leose remove Baltimore Arbutus 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First ang Handzlik (Unknown) Lawrence physicion requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) (If yes give war or dotes of service) Robert Hegan, 8 Colony Hill Rd. Arubutus 27 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave } signed by the burial-tronsit p rise to immediate cause (o) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the Stote Dept. of Health prior to hos been 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AJTOPSY? CAUSES OF DEATH? YES [ NO F O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 T ME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. County Stote City or Town 220. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 17/10 1968, and . 1965 , ta 19.68, and that in(my) (our) opinion death occurred an the date and have and from the director, page 3 should shou d be filed with the couses stated abaye ((1) (we did id and) view the body ofter death. 22b. S GNATURE 22c. DATE SIGNED DIRECTOR 22e. ADDRESS NAME (Mpe) Herbert J. Levickas 5404 East Drive, Balto, 21227 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) 230 BUR AL, CREMATION, BATTAT (FLALLA) Sharpsburg, Pennsylvania
REGISTRAR 25b. REG STRAR S SIGNATURE 12-16-68 St. Mary's Cemetery 2So REC'D BY REGISTRAR 21229 24. FLINERAL DIRECTOR VR A15 (4) 30M REV, 1/68 Howard H. Hubbard, 4107 Wilkens Ave. Balto 16 1968



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carroletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove to-bar pagess. Pages 1 and 2 should be filed with the State Dept af Health priar to burial, crematian, or removal, and in any event, withing 12 haurs after death.

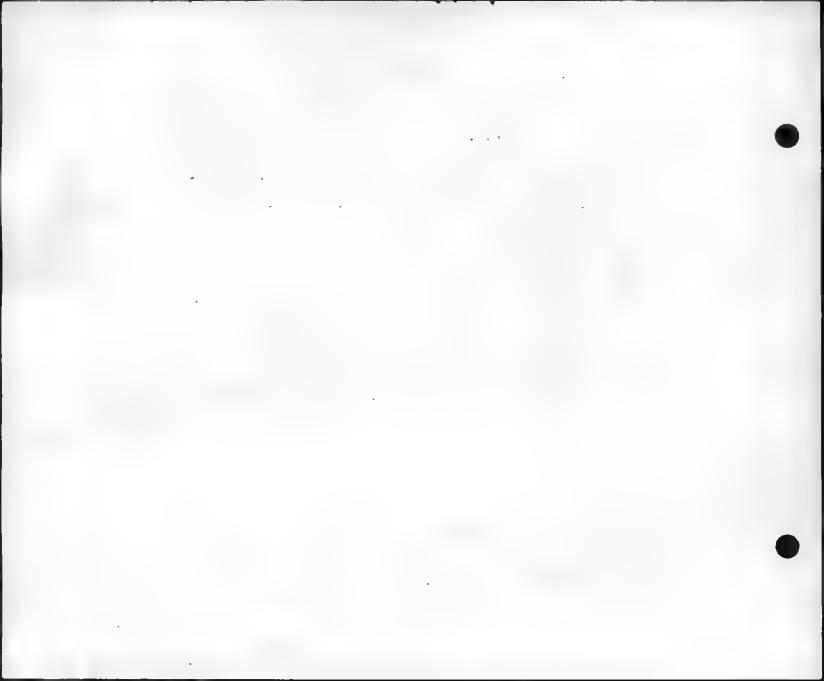
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

17012

		ECEASED NAME Firs	\$	Middle	Lost	•	20 DATE OF DEATH		2b HOUR
			MALLE	JOSEPH	DEMP		M22	<sup>0</sup> 5 68"	11:15E
	3 SE	MALE	4 RACE WH:	rre	5 DATE OF	/7/91	6 AGE (In year lost briting)		
	COLI	BIRTHPLACE (State or fareign	75 CITIZEN OF WHA		MARRIED KNEVER I	MARRIED [	9. COUNTY OF DEATH BALTIMORE		Me
		TITY OR TOWN OF DEATH FORT HOWARD	VET	ADM. HOS	PITAL, FT	HOWARD, mo	L OCCUPATION (Kind of wark st of warking life even if re	dane 12b. KIND	OF BUSINESS OR
ş	13a. odm	USUAL RESIDENCE (Where decersion) STATE	read limber if institution	n: Residence befare	BALT IMORE	13d. INSIDE CITY LIN	HTS? 13e STREET AND NUME	BER	et
7	14 1	FATHER'S NAME FIRST WILLIA	M B.	DEMPSEY	1S MOTHERS	MAIDEN NAME F		ddie K	CING LOST
	160. Y	WAS DECEASED EVER IN U.S. AF	MED FORCES? was of dates of service)	66. SOCIAL SECURITY NO 212 12 55		RECORDS,	VA HOSPITAL,		
		PART I DEATH WAS CAUS	rily one couse per line FD BY PH:	far (o) (b), ond (c)) EOCHROMOCY	TOMA, BILA	TERAL, A	DREMAIS WITH	HEMOR RHAN	OXIMATE INTERVAL EN OBSET AND DEATH
		スクラッス Conditions, if ony, which gave rise to immediate cause (o).	) "	A CONSEQUENCE OF		_			
		stating the under ying cause	DUE TO, OR AS  (c)	A CONSEQUENCE OF					
	N	PART 2 OTHER SIGNIFICANT CO ARTERIOSCLERO	OND THOMS CONTRIBUTED  TIC HEART	G 10 DEATH BUT NOT DISEASE, C	RELATED TO THE TERM  OLD. PULMON	NAL DISEASE ORCC	ONDITION G VEN IN PART I(0) HYSEMA, BILATI	ERAL, OLD	
/	CERTIFICATION	190 DATE OF OPERATION 196	. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 200 AI	JTOPSY?	20b IF YES, WERE FINE CAUSES OF DEATH?	YES	CERTIFY NG
	DICAL CES	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, natify medical exort	ATH HOUR A.M.	NJURY Month Day Year 19	21c HOW INJURY	OCCURRED (Enter	noture of in Jry in Part 1 ar t	Part 2, Item 18)	
	ME	21d INJURY OCCURRED 21d While Not while	PLACE OF INJURY (		PRY ) 21f LOCATION S		City or Town	Caunty	Stote
		22a I certify that (X) (t saw the deceased causes stated obov	his hospital) atten alive an 12/5	ded the deceased	fram_10/29/	<b>20k)</b> (aur) apin	ta 12/5/68 nion death accurred an t	, 19, th the date and had	at (f) (we) las ur and from the
		201 CICHATURE	25 2. 10			DING ME	ED STAFF PHYS.	22c DATE SIGNED 12/6/6	58
/			RD J. BUNY			DDRESS	HOWARD, MARY	/LAND	
	230.		DATE 2-9-68		METERY OR CREMATORY LIDGE CEMET		23d LOCATION (City or Town	n) (County)	(Stote)
3	24.	FUNERAL DIRECTOR		W.1. GOOK ST. PAUI	BROOKS INC.	SPES BA	GEG STRAR 1968 256 REGIS	STRARS SIGNATURE	efgl.



# **FOR STATE** HEALTH DEPT. PM3 Page Eny delay is 2, and 3 ta 0 necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Grye. Rages 1, This certificate shauld be executed within 24 haurs after death with the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alayg Health prior to burral, cremation, ar removal, and in any event within 72 haurs after death. 5 may We reta ned for yaur files IO FUNERAL DIRECIOR: Page 3 shauld be used as a bunal-transit permit. File pages 1 and 2 wrt

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

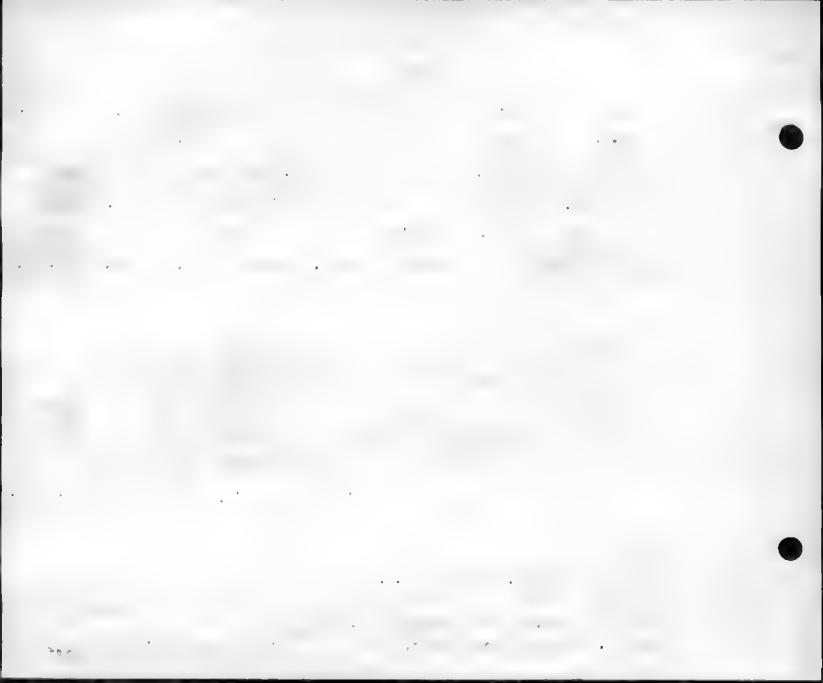
1	HY	Ω	4	- 2
- 1	- 6	U.	- 2	2)

1 DECEASED NAME (Type or Print)	JACK		Middle BRYANT	DENN	LNG	- UF	KNOWN Med ESTI-	12-25	Yeor 1968	25 HOUR M
3 ZEX	4. RACE	5 DATE OF BIRTH	lost burthde	ours IF JHDER I YEAR  WHEN THE STATE OF THE		at Duit	PRONOUNCED DEA	,D		2d HOUR
Male	White	Oct. 14,	1931 37	YRS.	House	TO PRODU	ember Doy	25.	1968	P.M
7a 8IRTHPLACE (Stat		76 CITIZEN OF WHAT	COUNTRY? 8	MARRIED NEVER	MARRIED [	9 COUNTY OF	DEATH			
country) No	C.	USA			IVORCED 🔲		BALTIMOR			Mo
White Market Mar	arsh ICE (Where deced	Rive stree	et oddress) 40 east of n: Residence before 13c.	Ebeneezer		most of working Wor M.IS? 13e. STR	I (Kind of work do life, even if retire <b>ker</b> EET AND NUMBER Bradley	Be (NDUS	KIND OF BUSIN STRY Thlehe	FOOT
14 FATHER'S NAME	First	Middle	Lost	IS. MOTHER'S A	AAIDEN NAME	First	Middle		Lost	
	Joel		Denning			Vivian			Keen	10
160 WAS DECEASED EV			66. SOCIAL SECURITY NO	17. INFORMANT			ADDRESS		2122	20
(Yes, no, or unknow	wn) (II yes giv	war or dotes at service)	57-44-3743	John F.	Dennir	ng, Rt.	16, Box	513,		
Conditions, if	DEATH WAS CAUS!	DUE TO, OR AS		Multiple	injuri	es			BETWEEN ONSET A	ND DEATH
/			TO DEATH BUT NOT RELA		L DISEASE OR C	ONDITION GIVEN	IN PART 1(0)			
190 DATE OF C	PERATION	19	b condition for which was performed?						20. AUTOPSY?	NO 🗌
		216 TIME OF INT	URY Month, Day, Year	21c. HOW INJURY					-)	
PRIMARY CAUSE OF DEAT	R CONTRIBUTING	- 7:00 PM	12-25 19 68	Driver	in auto	-auto c	ollision			
- 110 11100111 01	CURRED 21e	PLACE OF INHURY (A) F	home form street	211 LOCATION Stre			y or Tawn		υπτγ	Stote
AT WORK	AT WORK	nighway	Alea J	Rte.#40 <sub>E</sub>	1/2 ml	Endof	White M	arsh	Balt.	Md.
22a. I	certify that I	took charge of the	remains described o	bove, held an Au	tapsy X,	Inspection	, Inquir	у 🔲 .	end in my	opinion
ACTUAL	esulted frame	Natural causes	Accident X		HIEF MEDICAL E	,	etermined man	DATE SIGNE	in.	
SIGNATURE EXAMINER'S NAME (Type)	Char	es S. Spr	ingate, M.D		DEPUTY MEDICAL		Dece		26, 19	68
230 BUR AL CREMA REMOVAL (Spec	L De	DATE c.28.1968		tery or crematory		_	•	Harfo	ord l	ote) Md
24 FUNERAL DIRECT	or K. McCon	as & Son.	Abingdon M	d.	DE C	BY REGISTRAR	25b REG STR		TURE	

VR A15ME (5) 10M REV 1/68

DICAL EXAMINER:

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17014 CERTIFICATE OF DEATH

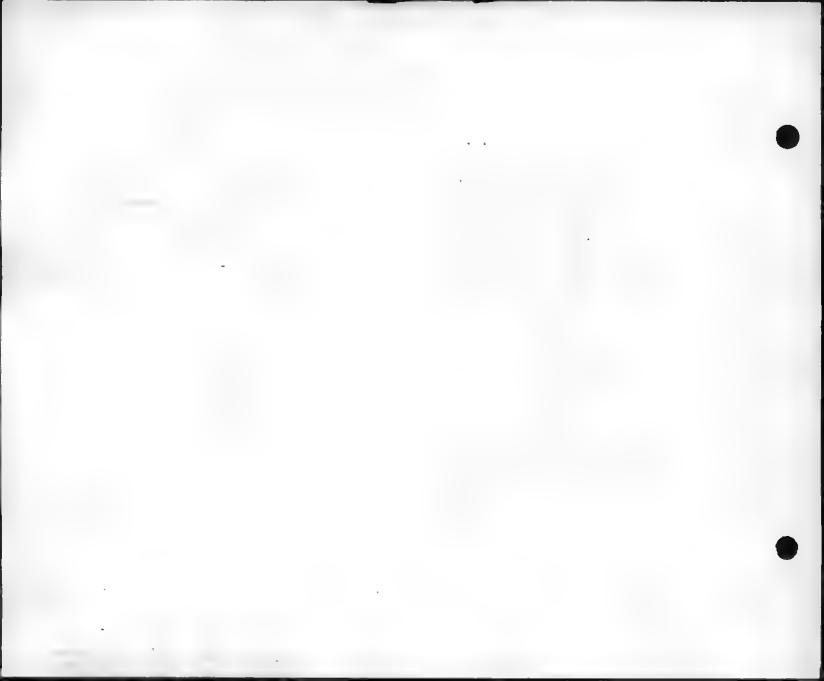
		ECEASED NAME First Type or print) Carl		Middle William		lost De car	26. DATE OF DEATH Month December 27	Day 68ear	26 HOUR F			
	3 Si	Male	4 RACE White			11-5-17	6. AGE (In years last birthday) 51 YR	IF UNDER YEAR MONTHS DAYS	JF UNDER 24 HRS. HOURS MIN			
	7 <sub>0</sub> (09)	BIRTHPLACE (State or Foreign ntry)  Kan.		7b CITIZEN OF WHAT COUNTRY? 8		NEVER MARR ED	9 COUNTY OF DEATH Baltimore		Md			
>	10. (	CITY OR TOWN OF DEATH  Towson	nive str	AE OF HOSPITAL OR INS eet oddress) St. Joseph		during m	126 KIND OF I	BUSINESS OR				
13	13a odm	USUA: RESIDENCE (Where deceosission) STATE  Maryland	ed ved, if institution 13b (OLNIY Balti	n Residence before	#3c CITY OR T	OWN 13d INS DE CITY .	IMITS? 13e STREET AND NUMBER	,	,			
1	14	FATHER'S NAME First Villiam 1	Middle	Lost	IS.	MOTHERS MA DEN NAME Nattie El	irst Middle		lost			
		WAS DECEASED EVER IN US ARA  (es, pp, or unknown) (1 yes grup y	MED FORCES?  aprophases al service)	66. SOCIAL SECURITY I	7 7 1N	FORMANT Portes are C	Address	le ivis-	?/??			
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSED IMMEDIA	ly one couse per line ) BY: TE CAUSE (a)	for (o), (b), and (c). Hepatio	)	S 754-12		APPROX A	MATE INTERVAL ISET AND DEATH			
		Conditions, it ony, which gove)  Insertion in mediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF  Laennec Cirrhosis										
		stating the underlying cause last	DUE TO, OR AS									
	NO	PART 2 OTHER SIGNIFICANT CON 581		H OPERATION WAS PE		THE TERMINAL D SEASE OR:						
2	CERTIFICAT		S CONS DERED IN CE	RT FYING								
	MEDICAL C	21a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	2, Item 18)									
	Σ	of work Ont white	**	ALCE BOADING EIC	/	ATION Street or R F D No		County	Stote			
		220. I certify that (i) (the saw the deceosed of couses stated abave	s hospitol) attentive on	ded the decease 2-22- 1 lid nat) view the l	ed_from 9 <u>68</u> , and body after de	12-20- , 19 that in (my) (our) opeath.	nian death accurred an the	19 <u>68</u> , that date and hour c	(I) (we) lost and from the			
		22b. SIGNATURE Vilia C	· Bald	mado	DEGRE		NED. STAFF IN IRECTOR PHYS	2c DATE SIGNED 12-22-68				
/				aldonado			ork Rd., Towson,	Md. 2120	04			
		BUR AL, CREMAT ON, 23b [ REMOVAL (Specify)	2_2_C		EMETERY OR C	REMATORY .			(State)			
M		FUNERAL DIRECTOR	0011-15	ADDRESS	12/20	2So. REC'D E	2 7 1968 2Sb REGISTRA	RS SIGNATURE	jl.			

1 ond 2 hours after deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pagers shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 is TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed VR A15

deoth.

nerol



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17015 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAM 20 DATE KNOWN (Type or Print) Page 5 DEATH MATED 24 IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD S. DATE OF BIRTH 7a B RTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED 9 COUNTY OF DEATH Office along with farm Maryland U.S.A. WIDOWED DIVORCED [ Baltimore 19. CITY OR TOWN OF DEATH NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR haurs after death during most of working life, even if retired | INDUSTRY | Assemblyman Fisher Body Co Parkville 13d INSIDE CITY LIM IS? 13e STREET AND NUMBER 130 USUA, RESIDENCE (Where deceased lived, if institution, Residence before 13c. City OR TOWN 13b COUNTY Baltimore Taylor Ave land 2 14 FATHER'S NAME IS, MOTHER'S MAIDEN NAME John Dewey Susan Malchi tsky haurs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOC+AL SECURITY NO 17 INFORMANT ADDRESS (Yes, no. or unknown) 169-18-4434 Mrs Viola Dewey Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), and (c)) tre Cardia PART I, DEATH WAS CAUSED BY forwarded to the Chief Medica burial-transit Canditions, if any which gove rise to immediate couse (a), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o 20 196 CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20 AuTOPSY? WAS PERFORMED? NO [ 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NJJRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town (ounty State foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page NOT WHITE 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection 12 and in my opinion Inquiry the funeral director. Suicide deoth resulted from. Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED / - - - - - - 8 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town or county) 1527 03 ellow RC(3) 33 NAME (Type) 230 BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 12/12/68 Baltimore. Maryland Parkwood 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR Leonard J Ruck Inc Baltimore, Maryland VR A15ME (5) 10M REV. 1/68

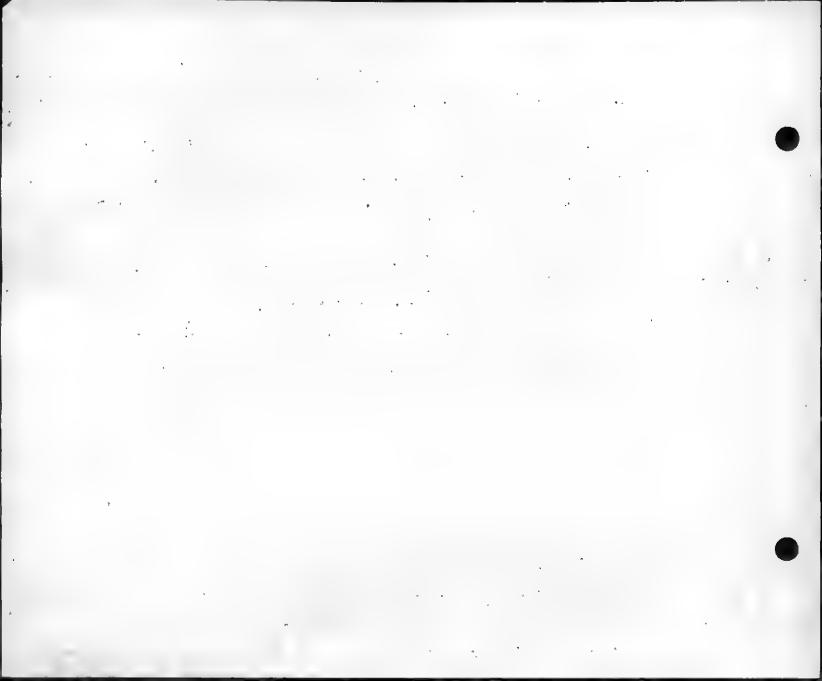


	I	tems 5,6,87 Fil			TATE DEPARTM		TH E, MARYLAND 21201		
	1	/3/69 kk	17005		TIFICATE OF I		E, MARILAND 21201	17016	
es death. funeral 1 and 2 er death.		cceased-Name First type or print) Wenona	Disne	Aiddle ⊇ <b>y</b>	Lost	20.	Dec. Month 240	oy 68 Year 2b HO	UR M
F e SE /	,3. SI	r.M.	4. RACE Vihite		S. DATE OF BIR	тн Ц, <b>1</b> 890	6 AGE (In years last birthday)		HRS MH
24 hours of persons of persons	cau	Balto. Md.	75. CT ZEN OF WHAT COUNT U. A.	w	MARRIED A NEVER MARR	TEO []	UNTY OF DEATH  Baltimore Co	unty	Md.
within within	I	ity or town of DEATH Landallstown Ma:	ryland give street good	idrnbull	TION (finot in hospital  Rd.	during most of	UPAT ON (Kind of work done working life, even if retired.)		R
one completely common or compose corbos		USUAL RESIDENCE (Where decease ssion) STATE MCL	d lived, if institution Resid	ence before 13c	andallstown	AEZ WO MILLS	9202 Turribul	l Rd. 21133	
2 5 2 5	14.	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MAI	DEN NAME First	Middle	Last	
physician pen please aval, and i		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (15 yes give wo	D FORCES? 16b. SOC	AL SECURITY NO.	17. INFORMANT		Address		
requires that the death certificate g physician.  signed by the attending physician by burial-transit permit. Then pleas a burial, crematian, ar remaval, and		18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED 1MMEDIA)	nv	(b), and (c).)	ry occl	Pusión	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
that the d on. by the attr ransit perr		Cand tons, it only, which gave to immediate cause (a).	DUE TO, OR AS A CONS	AS C	.V.D				
ires tho ysician. ned by ial-travial, cre-		stating the underlying cause last. 4 20	DUE TO, OR AS A CONS						
	NC.	PART 2 OTHER S.GNIFICANT CON	CVA 2	EATH BUT NOT RI	ELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
The la attend has be se as the prio	CERTIFICATION		ONDIT ON FOR WHICH OPERA	TION WAS PERFOR	YES 🗀	NO 🔲	206 IF YES WERE FINDINGS CAUSES OF DEATH?		
fica fica far far	MEDICAL CE	21 a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin-	HOUR A.M. Month	Day Year	21c HOW INJURY OCCU	RRED (Enter noture	e at injusy in Post 1 or Post 2	, Item 18)	
s PHYSIC the haspi this certi detached e Dept. o	M	at work at work	PLACE OF INJURY (AT HOME F			_	City or Tawn	County State	
TTENDING Dined by OR: After nould be		22a. I certify that (1) this saw the deceased all causes stated above.	haspital) attended the ve an (1) (we) (did) did nat	deceased f	om https://www.dan.dan.dan.dan.dan.dan.dan.dan.dan.dan	1965 (aur) apinian (	ta_ <del>Osc Q4_</del> , I death accurred on the d	9, tha (I) we) late and haur and fram	last the
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22b. SIGNATURE	h Dan	ell	DEGREE PHYS	DIRECTO	R STAFF	Z-Z4-68	
ro Hospital of Page 4 may be O FUNERAL DIR director, page 3 shauld be filed		22d. PHYSICIAN'S NAME (Type)	John	Darre			Ustown,	m.l.	
TO HO Page TO FUI direct	1	BURIA-, CREMATION, 23b D			TERY OR CREMATORY	Gw	LOCATION (City or Town)  yn Oag Ave. I	(County) (Store) Balto Co: Md.	
VR A15		funeral director pring yers, 87	28 Liberty R	HUUNLID	-	PADEC 3 0	1968 25b REGISTRAR	S SIGNATURE	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			Le USFI			ERTIFICAT	E OF DEATH			1701	7
<u>-</u>	ME		ECEASED NAME First		Middle		Lost	20 DATE 0			2b HOUR
leat		0	(Ype ar print) GEI	RTRUDE	ERMA	DI	TZELL		Month Day	1968	1:36 a <sup>M</sup>
ia i		3. S		4 RACE		S. D.	ATE OF BIRTH		6 AGE (In years	FUNDER YEAR	IF UNDER 24 HRS
曹	S 95 8		Female		Caucasian	;	uly 12, 1	890	last birthday) 78 YRS	MONTHS DAYS	HOURS MIN.
aurs	s Pag haurs		BIRTHPLACE (State or foreign	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED N		9 COUNTY 0			
<b>4</b> .	=:	(OUI	Germany	USA		WIDOWED K	DIVORCED [	Balt	imore		Md.
n 2	paper thin 72	10 0	ITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If not in I	aspital 12a USI	UAL OCCUPATION	N (Kind of work done	126 KIND OF E	BUSINESS OR
vith.	. P. S. M. T. M.		Towson, Md.	, Gr	e street address) eater Balto	.Med.Cen	ter ho	most of work n	g ife, even if retired)	INDUSTRY	
- o	mplere re cart event,	130	USUAL RESIDENCE (Where deced	sed lived, if instit	utian Residence before	13c CITY OR TOW	N 13d INSIDE CITY	1.44 4	TREET AND NUMBER		
executed within 24 haurs after death		oarn	ission) STATE Marylan	d As COUNTY	Management of Control	Britimo	re YES X	NO 🗀 2; 2.	10 Valley	View Ava	э.
exe	ease rema	14	FATHER S NAME First	Middle	Lost	15 MO	HER'S MAIDEN NAME	First	Middle		Lost
9	din de		7 Jentsch					? Unkno	מזיי		
1	lease		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECURITY N				Address		
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9	attending physic permit. Then ple ian, ar remaval,		18. CAUSE OF DEATH (Enter o		line far (a), (b), and (c).)				-		MAYE INTERVAL HSET AND DEATH
anthon :	affendli permit. ian, ar re		PART I DEATH WAS CAUSI IMMED	:D BY  ATE CAUSE (0)	Complete at	rio-vent	ricular b	Lock			
e d	offe pern ian,		4120		R AS A CONSEQUENCE OF	4					
€ ;			Canditions, if any, which gove use to immediate couse (a),	(b)	Hypertensiv	<u>e arteri</u>	oscleroti	c cardi	ovascular	disease	
를 를 .	signed by the burial-transit burial, cremat		stating the underlying cause	DUE TO, OF	R AS A CONSEQUENCE OF						
ires ysici	희현		last	(c)_							
physician.			PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE	TERMINAL DISEASE OF	RCONDITION GIV	EN IN PART 1(a)		
¥ig	as been as the priarta	NO	470;	COUNTY ON FOR W	THE COURT OF THE C	conuce la	A	Tani	E vee 1978 Filesiade	ONCODERED IN CE	DTIEVING
e to	S S L	3	196 DATE OF OPERATION 196	CONDITION FOR V	VHICH OPERATION WAS PER	FORMED 12	Oa AUTOPSY?	LCALIST	F YES, WERE FINDINGS (		KIIFYING
돈 = -	icate ha far use Health g	CERT, FICAT	210 ACCIDENT WAS UNDERLY	NG 216 TIME	OF IMPROV	Las How a	YES NO		,	95	
PHYSICIAN: ne haspital ar	certificate hed for u		OR CONTRIBUTING CAUSE OF DE	TH HOUR A.N	Month Doy Year	ZIC HUYY IN	JUKT UCCURRED (EM	ier noture of inj	ury in Port 1 or Port 2,	nem (6.)	
Spit	ed entil	MEDICAL	(If either, natify medical exam 21d INJURY OCCURRED 21e	ner) P.N			Mr. Co D.E.D. M	1. 6's	¥	County	State
PH 등	this cert detached te Dept. o	~	AALING HARLAAING	PLACE OF INJURI	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	277 LUCATIO	IN STEED OF K.F.D. N	io. Cit	y ar Tawn	County	31016
ວ = ີ	te de la		IIGE WORK OF WORK 1	nic hospital) n	ttanded the decease	d from	12/15 10/	68 ta	12/16 10	68 that	//\ /wa\ last
	After I be Stat		22o. I certify that (I) (the saw the deceased in	ns nospital) o	12/16_1	068 and the	it in (my) (our) oi	pinran death	occurred on the de	<u>, mai</u> ate and have o	and from the
ATTENDING stained by th	should ith the		causes stated abay	e, (I) (we) (did	l) (did nat) view the b	ody after deat	1.				
			22b. SIGNATURE	200	-		ATTENDING -	MED.	CYACE	DATE SIGNED	
0 a	e e e		( Mal	bC. N	cocn, y D.	DEGREE	PHYS.	DIRECTOR	PHYS. CX	12/16/68	3
4 may	AL DIN		22d. PHYSICIAN S NAME (Type Charle	= C P	/ 		22e. ADDRESS				
4 P	Sar, tar,								<u>e Medical</u>		
Page 4 may be r	o FUNERAL DIRECTO director, page 3 sha should be filed with	23a.		DATE /19/1968		EMETERY OR CREM			ION (City or Town)	(County)	(Stote)
2 4	2 "	24	211303 0	1 17/ 1700	ADDRESS	ne Park (		By REGISTRAR	more, Md.	SIGNATING	
	VR A15 (4) 30M REV 1/68	14,	FUNERAL DIRECTOR LU, enia K. Seit Seitz Funcro	z 5209	York Rd. Ba	lto. Ed.	DATE DE		968 Icha	mela. Com	fel.
			Seitz Funcra	Home	21:12		DAIL	OTO	JUD A		1



* 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOJ OF ESTI-
delay and 3 M3. Pa	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR CICLO White July 31, 1887 lost-dyclyddyl MONTHS DAYS HOURS MAIN Wonth DOYS 19 AF 5 15
De Po	70 (aur	BIRTHPLACE (Stole or foreign 7b. C.I. ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
death with for	10. (	11. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital of usual Occupation (Kind of work done give street oddress)  12. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital during-most of working life, even if retired)  NDUSTRY, NOUSTRY,
hours after d frem 18 Give Office along w 1 and 2 with the		US_AL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER   13b COUNTY   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER   13b COUNTY   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER   13b COUNTY   13d INSIDE CITY LIMITS?   13e STREET AND NUMBER   13d INSIDE CITY LIMITS?   13d INSIDE CITY LI
	14. 8	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Bernalde Middle
within 24 Examiner's Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED FORCES?  (16b. SOCIAL SECURITY NO. 211.2-22 Ins. Elipure was a case of service)  211.2-22 Ins. Elipure is sing-sievers vince, i.e.
ite shauld be executed the ward "pending" i d to the Chief Medical a burial-transit permit.		APPROX.MATE INTERVAL  BETWEEN OPERT IN DEATH (Enter only one cause (per line for log (b) and (c))  PART I. DEATH WAS CAUSED BY:  Cond t ans, if any, which gave inse to immediate cause (a) stating the underlying cause (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
This certificate shired the be farwarded to de used as a bu ar remayal, and ir	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO P
<b>坦克 필</b> ~	WED CAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19  21c HOW MyJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
(AMIN e the e 4 sh rour fil age 3 s	PAR.	21d INJURY OCCURRED  AT WORK AT WORK  2.e P.ACE OF INJURY (At hame, form, street, factory, office building, etc.)  2.1f LOCATION Street or R.F.D. No. City or Town County State  AT WORK AT WORK
no DEPUTY SICAL EXPRESSING PLANTS IN THE FUNERAL DIRECTOR: POPENIES IN THE FORMAL DIRECTOR: PHEAITH PRIOR to burial,		22a   certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry   and in my opinio death resulted from Notural couses   Accident   Suicide   Hamicide   Undetermined manner    ACTUAL SIGNATURE   ASSISTANT MEDICAL EXAMINER   22b DATE SIGNED    EXAMINER'S NAME (Type)   Charles F. O'Bonnell M. D. ADDRESS(Street, city, town, or county)
201	L	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (CoCnty) (Stote)
VR A15ME (5) . A	74	FUNERAL DIRECTOR  ADDRESS  250. REGISTRAR S'SIGNATURE  DATE C 2 3 1968  CLICAL SUPPLIES SUPPL



1 200 Solvision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 DECEASED NAME 20. DATE KNOWN First M ddle (Type or Print) Dooms, Sr. Robert Edward 0 DEATH MATED S DATE OF BIRTH AGE (In years IF JNDER T YEAR IF UNDER 24 HRS 2. DATE PRONOLINCED DEAD 3 SEX 4 RACE 56 Stribdoy) 2/5/1912 W. M. 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED 9 COUNTY OF DEATH Baltimore country) Md. U.S.A. WIDOWED [ DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12g JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR g ve stree 2010 ss Maryland Ave. dunto Mechanican Services Station Towson 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN death. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTYBaltiomre Baltimore 210 Maryland Ave. YES NO IX I and 2 offer tem 15. MOTHER'S MAIDEN NAME 14. FATHER S NAME unknown John H. Dooms This certificate shauld be executed within 24 4 shauld be forwarded to the Chief Medical Examiner's pages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT **ADDRESS** pencil (Yes, no, or unknown) 218-03-3603 Inez F. Dooms . same APPROXIMATE INTERVA ony event within 18. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c)) permit. ETWEEN ONSET AND DEATH pending PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only which gove rise to immediate cause (o). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) 0 SO remayal, used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? pe 210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M PRIMARY OR CONTRIBUTING DICAL MAMINIR: cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote WHILE NOT WHILE AT WORK foctory, office building, etc.) 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection 4 Tnaviry F and in my apinian death resulted frames \_ Accident Suicide [ Natural couses Hamicide | Undetermined manner CHIEF MED CAL EXAMINER 225. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 230 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Dulaney Valley Cemetery 24 FUNERAL DIRECTOR ADDRESS REC D BY BEGISTRAR VR ATSME (5) Leonard J. Ruck Inc. Balto. Md. 10M REV 1/68

s \* z 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

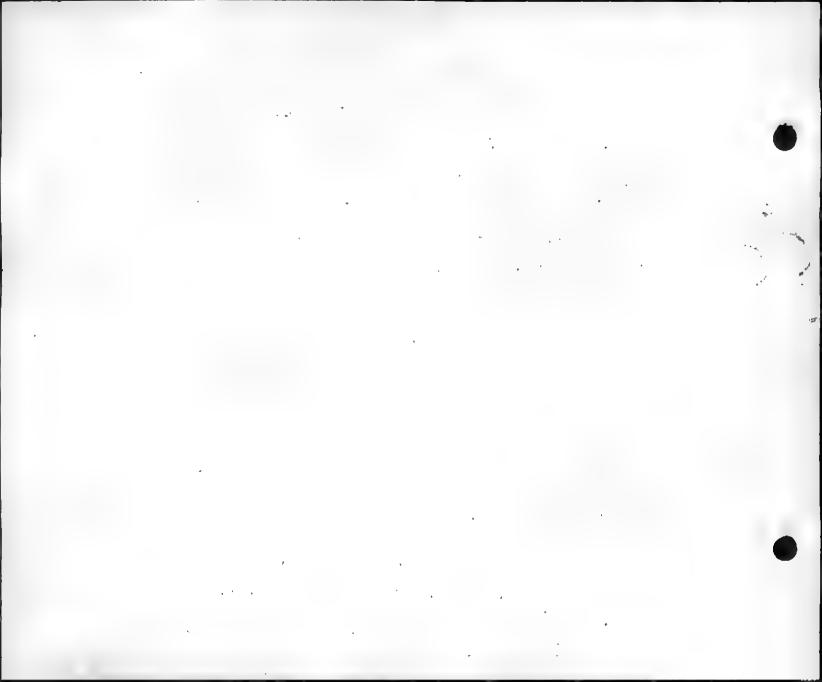
CERTIFICATE OF

FICATE OF DEATH

l	11年間の			CEKTIFIC	AIE UF DEAIF	1					
	ECEASED NAME	First	Middle		Lost	2a DA1	TE OF DEATH		2Ь. НОДЖУ		
'	Type or print)	NNE D	ORSEY				Dec 9 19	968 Year	10:49		
3. 5	EX	4. RACE			S. DATE OF BIRTH		6 AGE (In years	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN		
	F	W	,		JUuly 26.	1920	ast birthdoy) 48 YRS		HUUKS MIN		
	BIRTHPLACE (State or foreign	n 7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNT	Y OF DEATH				
COU	ntry) Md.	USA		WIDOWED	DIVORCED [	Ba	ato. Co.		Me		
10.	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN	STITUTION (If n			AT ON (Kind of work done		BUSINESS OR		
	Towson		street address) 803 Beav	erhan			rking ife, even if retired) Home		k***		
	USUAL RESIDENCE (Where o	derenced lived if institut	tion Residence before	13c, CITY OR	TOWN 13d INSIDE CIT	Y LIMITS? 13	3e. STREET AND NUMBER				
dan	sission) STATE Md.	13Р СОПИЦВ	alto	Tows	on YES 🗌	NO 🔀	803 Beaver	bank C	t.		
14.	FATHER S NAME First	Middle	Last	19	MOTHER'S MAIDEN NAME	First	Middle		Lost		
L	Fra	ank Grie			Anna F	atzw					
	WAS DECEASED EVER IN U.S	S. ARMED FORCES? Its grye war or dates of service)	166 SOCIAL SECURITY	L.	NFORMANT		Address				
L	Yes, no or unknown) (11 yr	L********	217-09-	1556	Family	<u>/ rec</u>	<u>ords</u>				
	18. CAUSE OF DEATH (Ent	ter anly one couse per Ir	ne far (o), (b) and (c)	}				BETWEEN ON	KATE INTERVAL NSET AND OEATH		
	PART 1. DEATH WAS O	11	m								
	340 X DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which a rise to immediate cause		Mully	10 10	leaven			150	un.		
	stoting the underlying co		as a consequence of								
	last.										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
8	345X										
CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONS										
RTIF					YES NO	N					
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE				OW INJURY OCCURRED (E	nter noture of	if injury in Port 1 or Port 2,	, Item 1B)			
MEDICAL	(If either, natify medical e	exominer) P.M.		9							
2		218. PLACE OF INJURY	OFFICE BUILDING, ETC.	(10KY.) 21f L	OCATION Street or R.F.D.	Na.	City ar Tawn	County	State		
	While Not while of work	0 (1) (1 ) (0	1.1.1.1	1.6	1 . 16	1 7 4-	10	0.7 (2)	(1) ( ) 1		
	22a. I certify that (I	) (this hospital) att	ended the deceas	ed fram	d that in (my) (aur) o	ro <u>د طرا</u> prinian da	ath accurred an the d	19 <u>4 2                                   </u>	(I) (We) last		
	causes stated a	ibave, (l) (we) (did)	(did nat) view the	bady after	death.	apinion de	am acconed an me a	idie dila iladi d	ind nan-m		
	22b. SIGNATURE		1/	/		- Vico		c. DATE SIGNED			
	(1)	uland.	France	1 DEGI	REE PHYS	MED. DIRECTOR	STAFF PHYS.				
	22d. PHYSICIAN S			i	22e. ADDRESS						
	NAME (Type) C.	Richard	<u>Fravel M</u>	.D.	Sun Li						
230		23b DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d LO	OCATION (City of Town)	(Caunty)	(Stote)		
		12/13/68			emorial		alto, Co				
24	FUNERAL DIRECTOR		ADDRESS		-	BY REGISTR					
	C.F.EVANS	& SON 88	02 Harfo	rd ro	ad DATEDE	C 1 6	1968 gclio	way lud	44		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by mestuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages-F and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate/ Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV 17



Lost

requires that the death certificate be executed within 24 haurs after death.

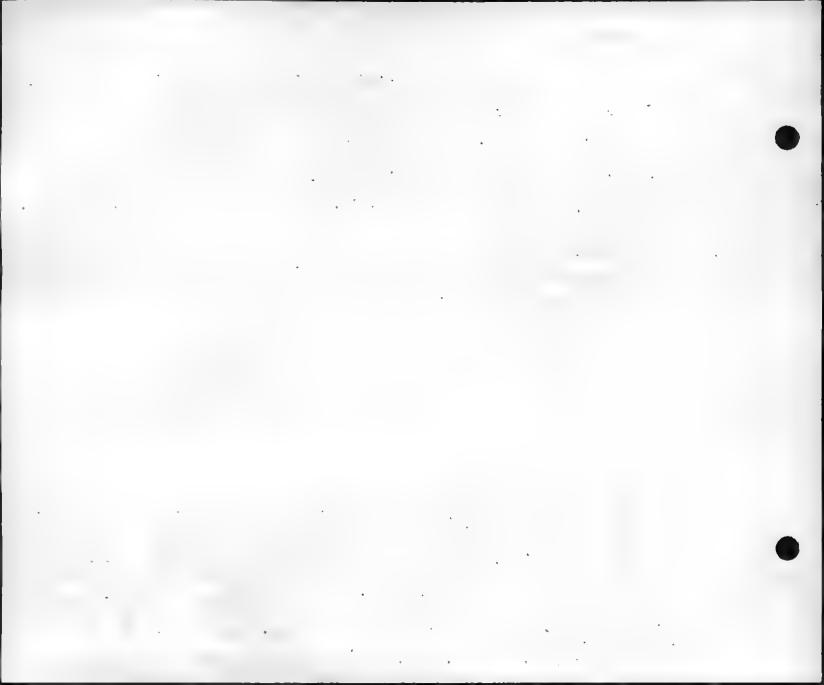
by the haspital ar attending physician.

be retained

Page 4 may

by-the funeral Pages Land 2

signed by the attending physician and campleted filled in burial-transit permit. Then please remave carban argents. **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING State 12-6-68 220 ADDRESS SPREAGE GROVE STATE HOSPITAL 22d PHYSICIAN'S NAME (Type) Diomidis Pirovolidis, M.D. Baltimore, Maryland 21228 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (State) 12-10-68 Arbutus Memorial Pk. Baltimore. Maryland n & Dyett Funeral Homes, Laurens St., Balto., Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATECO



5 may be retained far your files.

VR A15ME (5) 10M REV 1/68

TO DEPUTY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17022

		ECEASED NAME	First		Middle		Lost			20. DATE KNOWN Month	Doy Year	26 HOUR
	(.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	<b>JULIA</b>	VI	CKERS		DOWELL		DEATH MATED	19	M
	3 SE	Х	4 RACE	S DATE OF BIRTI		AGE (In years last birthday)	IF UNDER 1 YE		24 HRS	2c. DATE PRONOUNCED DEAD		2d HOUR 10:30
	f	emale	white	2-28-19	914	54YR		3 1 100103	199319	Manth Doy 24.	Yeor 19 68	10:30
		RTHPLACE (Stote		76. CITIZEN OF WHAT	T COUNTRY?	8. M	ARRIED NEVER	MARRIED [	9. COL	INTY OF DEATH		
	(OUNT	'Marylar	nd	U.S.A.		Wit	OWED 🛣	OVORCED [		Baltimore		Mo
	10. CI	ITY OR TOWN OF	DEATH		ME OF HOSPITAL O					CCJPATION (Kind of work done	12b KIND OF BUSI	INESS OR
		Timoniu					Red DRI			if working life, even if retired.)	Home	
0	130 LSUAL RESIDENCE (Where deceosed lived, funstituition, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER 13b. COUNTY, 13b. COUNTY, 13b. COUNTY, 13b. COUNTY, 13c. NO TX 420 Fox Charles								DRIVE			
2					imore	Ti	monium	<del></del>	NO LX	420 Fox Cha		
1	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle								Lost			
				Bowersock	K			dred N	laud:	ine Chaute	-d	
	160. V	WAS DECEASED EVI es, no, Stypknow	ER IN U.S. ARMED F		16b. SOCIAL SECURI		17. INFORMANT			ADDRESS		
		NO	in les dies	THE OF CHOICES OF SECTION	217-50-1	445	Mr.Dav	ld L. D	lowe]	ll 112 Belmore		
		18 CAUSE OF	DEATH (Enter one	у але couse per line	e for (a), (b), and	(c))					APPROXIMATE BETWEEN ONSET	
		PAKI I. DI	EATH WAS CAUSED AMMEDIA	TE CAUSE (a)]	Rheumati	c End	ocardit:	ls. Ina	ctiv	ye		
		3979		DUE TO, OR A	is a consequenci	E OF						
1		Conditions, if to	ny, which gave )	(b)								
1		stoting the uni		DUE TO, OR A	AS A CONSEQUENCE	E OF						
		last.	)	(c)								
				TIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERMIN	L DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
	₹	414	X									
7	STI	190. DATE OF OI	PERATION	1	19b. CONDITION FOR WHICH OPERATION						20. AUTOPSY	?
	CERTIFICATION				WAS PERFORMED?							NO 🔲
		210 EXTERNAL C		216 TIME OF IN HOUR A.M.	JURY Month, Day,	Yeor	21c. HOW INJURY	OCCURRED (Er	nter notu	ore of injury in Part 1 or Port 2, I	lem 18.)	
	MEDICAL	CAUSE OF DEATH	R CONTRIBUTING [	P.M.		19						
	푎	21d INJURY OCC	f	LACE OF INJURY (AT		et,	21f, LOCATION St	eet or R F D. No		City or Town	County	State
		AT WORK AT	T WHILE TOC	tory, office building,	erc.)							
		22o. l e	certify that I to	ook charge of the	e remains desc	r'bed abay	e, held an A	utapsy (C).	ln:	spection , Inquiry	and in m	y apinian
			suited from:	Notural cause		dent .	Suicide	. Homicio		Undetermined manner		, ,
		f	less of	1 00.	12			CHIEF MEDICAL	EXAMIN	ER 🗇		
		ACTUAL SIGNATURE	unyl	7-111	( -	٠	M.D.	ASSISTANT MED	HCAL EXA	AMINER X 226 DATE	SIGNED	
		EXAMINER'S	Wer	ner U. S	pitz. M	D	- 4411.444	DEPUTY MEDICA			/24/68	
		NAME (Type)		4. 0	,			ADDRESS(Street	l, city, to	iwn, ar county)		
		BURIAL, CREMAT		DATE			OR CREMATOR			LOCAT ON (City or Town)		tote)
		Ben APP Ber	11 12	27-1968	Dula	ney V	alley M	emorial	'	Cockeysville, M	laryland	
1		FUNERAL DIRECTO				DDRESS		2Sa REC				
	Wi	m.Cook-	Brooks I	owson l	050 York	Rd.	21204	DATDE	L Z	7 1968 Ichar	Las Judge	-





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	17097
1 DECEASED-NAME First Middle Lost 20 DATE OF DEATH	75 HOUR
(Type or print) ROMAN J. DUMBROWSKI - DOMPROWSKI - OR Month Doy DECEMBER 9.	1968 5:35PM
	IF UNDER 1 YEAR IF UNDER 24 HRS
	ONTHS DAYS HOURS MIN
70 B RTHPLACE (Stole or foreign 75 CITIZEN OF WHAT COUNTRY? 18 MARRIED TO MUNICIPAL OF DEATH	
COUNTY)	
	Md
FORT HOWARD, MD Give street oddress) HOSPITAL during most of working if a even if retired) SHOEMAKER SHOEMAKER	IZE KIND OF BUS MESS OR INDUSTRY SHOE SHOP
130 USUAL RESIDENCE (Where deceosed liyed, if institution. Residence before 13c CITY OR TOWN 13d. MISDECTY LIMITS? 13e. STREET AND NUMBER	
MARYIAND V36 COUNTY BATTEMORE: YES X NO 3437 CLIFT MC	NT AVE
14 FATHER'S MAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
THOMAS DOMPROWSKI, ALEXANDRA	UNK.
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 NFORMANT Address	
YESO, or unknown) (these give wor or dores of service) 213 34 1975 CLINICAL RECORDS, VA HOSPITAL, F	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) PNEUMONIA	
486 X DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove	
nse to immediate couse (o), (b).  Status the Laderburg couse (D), (b).  DUE TO, OR AS A CONSEQUENCE OF	<del>                                     </del>
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
this ex	
190 DATE OF OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?  YES NO X CAUSES OF DEATH?  210 ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY 216 HOW INJURY OCCURRED (Floter patrice of 1901 N. 19.2 Feet 3. 18.2	KIDEDED IN CERT EVING
YES NO KN CAUSES OF DEATH?	SIDERED OF CERTIFIED
210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Ite	- 191
	m 16 )
OR CONTRIBUTING CAUSE OF DEATH  OF THE CAUSE OF THE CAUSE  OF THE CAUSE OF THE CAUSE OF DEATH  OF THE CAUSE OF THE CAUSE OF THE CAUSE  OF THE CAUSE O	-
2.d. IN. JRY OCCURRED While Not while of work of work of work	County State
	the stable () 1
22a. I certify that M (this haspital) attended the deceased fram 8/12/68 . 19	, mur XiX (we) idst
22a. I certify that (1) (this haspital) attended the deceased from 8/12/68, 19, to 12/9/68, 19, saw the deceased alive on 12/9/68, 19, and that in (20%) (our) opinion death occurred on the date causes stated above (1) (we) (did transport) view the body after death	and nour and from the
causes stated obave, (i) (we) (did) target view the bady after death.	
Causes stated obave, XI) (we) (did notation) view the bady after death.  22b SIGNATURE () ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	TE SIGNED
22b SIGNATURE  We) (did prototype) view the bady after death.  22b SIGNATURE  DEGREE PHYS  DEGREE PHYS  DIRECTOR PHYS  22c DA	
22b SIGNATURE  College Degree Phys Director Phys X  22c DA  22d. Physician S  22d. Physician S  22d. Physician S	TE SIGNED 12 9 68
22b SIGNATURE  22b SIGNATURE  22c DEGREE PHYS  22c ADDRESS  NAME (Type)  VADHANA CHITRAPLEE, M.D.  22c ADDRESS  VA HOSPITAL, FORT HOWARD, M.	TE SIGNED 12 9 68 ARYLAND
220 SIGNATURE  22b SIGNATURE  22c DEGREE PHYS  22c ADDRESS  NAME (Type)  VADHANA CHITRAPLEE, M.D.  23c NAME OF CEMETERY OR CREMATORY  23d OCATION (C ty or Town)  REMOVAL Specify)	TE SIGNED 12 9 68  ARYLAND (County) (State)
220. SIGNATURE  22b. SIGNATURE  22c. PHYSICIAN S NAME (Type)  VADHANA CHITRAPLEE, M.D.  23c. NAME OF CEMETERY OR CREMATORY  23d. OCATION (C ty or Town)  REMOVAL (Specify)  23d. OCATION (C ty or Town)	TE SIGNED 12 9 68  ARYLAND (County) (Stote)  MARYLAND

within 2- .. ours after death. TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and tampletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers? Pages 1 and should be filed with the State Dept. of Health prior ta burial, cremation, or remayal, and in any event, with in 72 to include death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

and 2 death.

VR A15 NO 45M - 1/69



and 2 leath.

campletely filled in by

Date of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. should be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in any event, within 72 had

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certify

Page 4 may be retained by the haspital ar attending physician.

ate be executed within 24 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

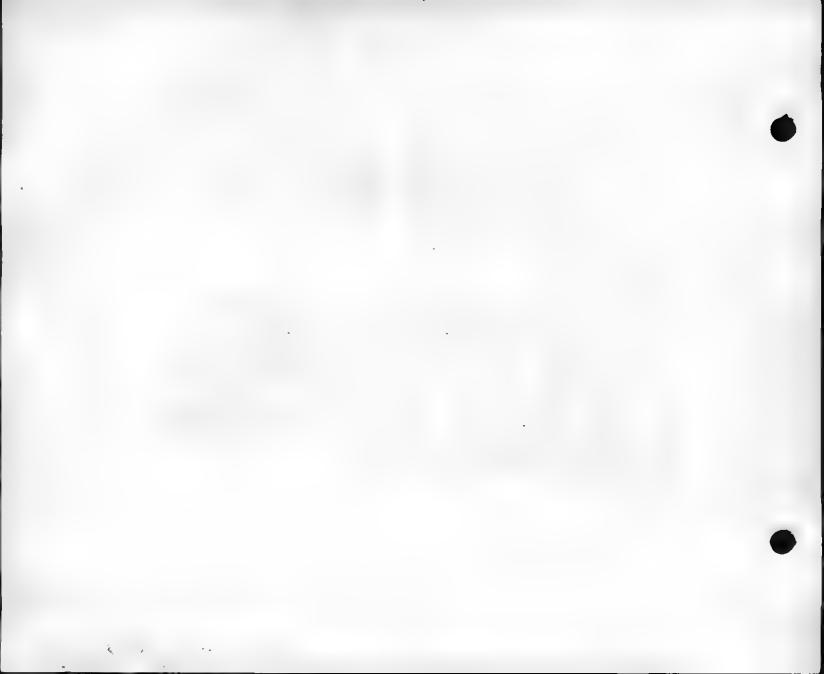
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- 1						20000
		EASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
П	(1)	pe or print) Farl	VINPENIT	Duhe	Menth Do	2 1968 3.45-AM
1	3. SE)			S. DATE OF BIRTH	A AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
П		Nale 2	olista.	2 6 0	last birthday)	MONTHS DAYS HOURS MIN.
1	7a R	RTHPLACE (State or fore.gn   7b. CITIZEN OF W	HAT COUNTRY? B. MAD		COUNTY OF DEATH	<u> </u>
ľ	coun'	ry) D[.]]	19MK	KIED THEATK MAKKIED NO	altimore Coun	+
ŀ	0 0		AME OF HOSPITAL OR INSTITUTION		OCCUPATION (Kind of work done	
. 11		TY OR TOWN OF DEATH	street address)	fit dot in losbidi 150, 020Vr		
- 4-		unt Wilson "W	t. Wilson 5	t. Hosp. during mas	CANTINT WORKE	(Y
		ISUAL RESIDENCE (Where deceased lived, if institution) STATE (13b. COUNTY		TY OR TOWN 13d. INSIDE CITY LIM  YES □ NO		1-1 M
		Md. 7. tooms	· · · · · · · · · · · · · · · · · · ·	61/4	- 1 6 1001	Th KTV-C
-1-	14. F.	ATHER'S NAME First Middle	Last	15 MOTHER'S MAIDEN NAME Fin	st Middle	Lost
П		william A	. Duke	Margar	et	Raddiges
Ī	160.	WAS DECEASED EVER IN U.S ARMED FORCES?	16b. SOCIAL SECURITY NO	117 INFORMANT //	Address	. Handa in
1	Y	s, na, ar unknown) (If yes give war or dates of service)	577-22-278	Records, Mt.	Wilson State	
ı		18. CAUSE OF DEATH (Enter only one couse per	me for (a), (b), and (c),)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ı	_	and a party was deviced by		Tuberculoris		4426
1	- 1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)		7 00 0000000000000000000000000000000000		
-1	_		AS A CONSEQUENCE OF	nal fitula,	T R C.	0 44
-		use to immediate cause (a), (		nac prima,	I we the elections	2/15
1		siding the oliderrying coose	AS A CONSEQUENCE OF	mace delon	y encuted,	1 42.
1		(c) (c)				
-1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	1	IED TO THE TERMINAL DISEASE ORGO	INDITION GIVEN IN PART I(d)	
-	공	(4) ilmphy sema ,				
	CERTIFICAT ON	19a DATE OF OPERATION 19b. CONDITION FOR W	HICH OPERATION WAS PERFORME	20a AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
41	E			YES NO 🔀		
1		21a. ACCIDENT WAS UNDERLYING 21b. TIME (		1c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2	, Item 18.)
- 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner)				
-1		21d. INJURY OCCURRED   21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FACTORY,)	P.F. LOCATION Street ar R.F.D. Na	City or Town	County State
-1		While Nat while at work	COPPLE BOILDING, ETC.			
-		22a. I certify that (1) (this haspital) at	tended the deceased fran	n 7-20 19.1	7, to 12-14	9 68, that (I) (we) last
-		saw the deceased alive an Dece	C. 12 1968	, and that in (my) (aur) apin	iian death accurred an the d	late and haur and fram the
1		causes stated abave, (I) (we) (did	) (did nat) view the bady a	fter death.		
П		22b. SIGNATURE		ATTENDING - ME	D CTIFE	c. DATE SIGNED
1		Mules	mu	DEGREE PHYS. DI	RECTOR N PHYS.	12-12-68
		22d. PHYSICIAN'S	M D	22e. ADDRESS	M 1	.1
		NAME (Type) William New	comer, M.D.	Mount Wi	lson, Marylan	d
ľ	<b>23</b> a.	BURTAL, CREMATION, 236 DATE	1230 NAME OF CEMETER	Y OR TREMATORY	23d LOCATION (City of Town)	(County) (State)
	1	Suite her. 17	1988lew Cal	Rederal Cem	de Balti	neare MX.
1	24	UNERAL DIRECTOR	ADDRESS	250. 844 DARY	ZEGISTRAN 96925b PUBLICAGE	SALE WILLIAM
V	11	enver Juneral Hornes.	Jehorr Oc	DATE	7 0 1000	0 4

00.8.76.







#### 17017

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17027

1		2002.1		CER	RTIFICA	TE OF	DEATH			-	TIONI		
		CEASED NAME First Type or print) ARTHU	R ]	Middle NMN	ECK	Lost HARD'	C	2a. DATE O	F DEATH Month	31Doy	68Yeor	Phores 5	
	3. SE	MALE	4 RACE Whi	ite		Peb.	RTH 1, 1892	2.	6. AGE (In	doy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
	7o. E caun		USA	W	IDOWED 📋		CFO [		ALTIM			Md	
	BZ	ITY OR TOWN OF DEATH	@RstreB	FHOSPITALOR INSTITU ALPO MED	·CEN	TER	12a USUAI during mo	Cloth	N (Kind of w glife, even if J. <b>e.r</b>	retired)	12b. KIND OF E INDUSTRY	JUSINESS OR	
		usual RESIDENCE (Where deceased Issian) STATE Md.	lived, if institution: Re V3b COUNTY		CITY OR TO	1	YES NO		805 OV		d Avenu	.e	
7		FATHER S NAME First  Gusta		ekhardt			iden name Fir Mint				Ninehar	Last	
		No	or dotes of service) 215	social security no. 5-09-1795A	Mrs		lian M	. Eckh		Address	(Same)		
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY-  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  ISTATION TO BRONCHO PNEUMONIA  (b)  DUE TO, OR AS A CONSEQUENCE OF  Stating the underlying cause  (c)											
-	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY?  YES NOX.								ONSIDERED IN CE	RTIFYING		
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examinet 21d. INJURY OCCURRED While Not while	P.M.	nth Doy Year 19			URRED (Enter		ury in Part 1 y or Town	or Port 2, It	County	Stote	
		While Not while at wark at war											
		22d PHYS (IANS NAME (Type) GREGO			<b>D</b> .	22e ADD 670		IARLE:	S ST.	BALTO	.MD 2	1204	
			15/69.	23c. NAME OF CEME Baltimo					10% (City or 1 Baltim	ore,	_	(State)	
K		funeral director eonard J. Ruck,	Inc. Balt	ADDRESS Md. 2]	157/1		JAN 2	registrar 196	9 25	SISTRAR'S	SIGNATURE	4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached for use as the burnal-transit permit. Then please remave carbody shauld be filed with the State Dept of Health prior to burial, crematian, ar remaval, and in any event, with VR A15

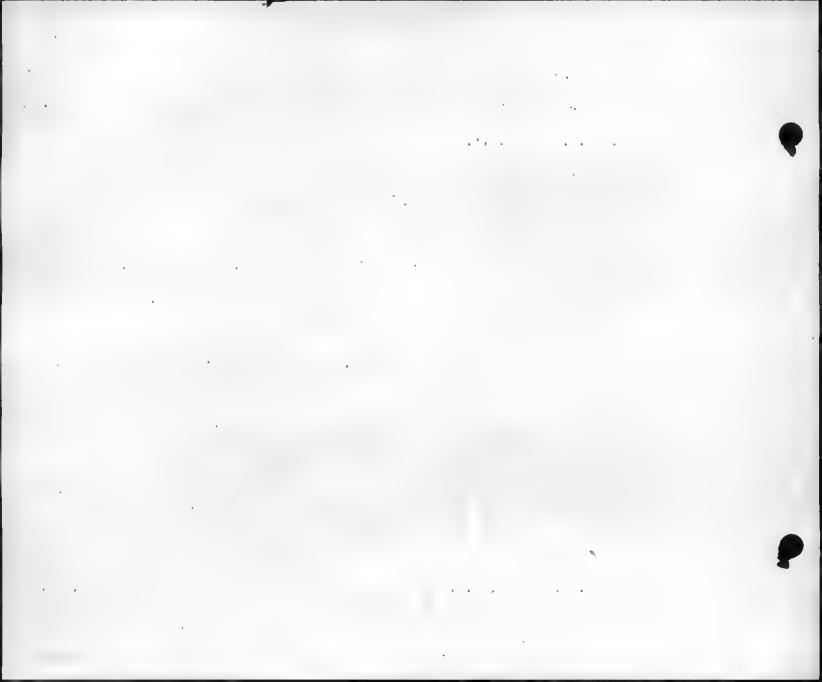
O NOTITAL OF ATTENDING PHYLICEM: The law requires that the death certificate be executed within 24 finers after death.

Rage 4 may be retained by th∎ haspital or attending physician.

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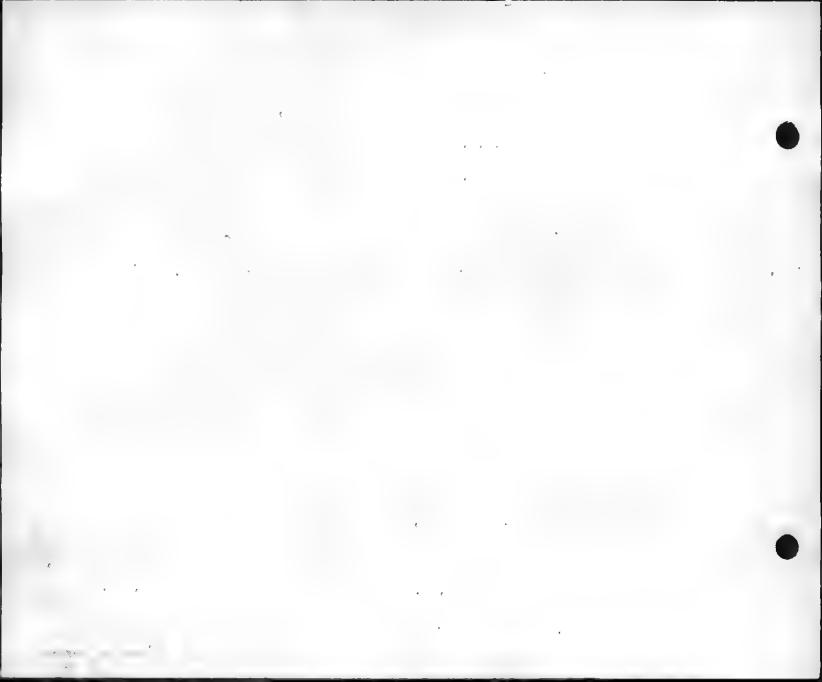
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17028 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN The Month 1 DECEASED NAME Year (Type or Print) ESTI OF delay is and 3 to to EDMONDS DEATH MATED Bernard 4. RACE AGE (In years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 5 DATE OF BIRTH 2, a. PM3. 9/20/59 g. Male Negro MARRIED NEVER MARRIED To. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH in Item 18. Give Poges 1, with form (auntry) WIDOWED DIVORCED [ the State, [ Raltimore Wash. D.C. 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired.) give street address) Rosewood State Hospital Owings Mills Dependent None Office olong 13a USUAL RES DENCE (Where deceased lived, I institution Residence before 13c CITY OR TOWN 3d. MSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Prince Geo. YES 😿 NO 🦳 2101-71st Avenue lond 2 ofter IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Swint Mina Edmonds Jasper Lee haurs 16a WAS DECEASED EVER N .. S ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) Rosewood Records, Owings Mills, Maryland none no within 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH pending. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory Arrest due to Aspiration of Bronchial 2 days event DUE TO, OR AS A CONSEQUENCE OF ă Conditions, if any, which gave (b) Secretions. Traumatic Encephalopathy rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (c) Cerebral Contusion. Convulsive Disorder due to B. 3 yrs. 4 mos PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? Trephines and Tracheostomy NO K 7/17/65 YES 🗔 execute the certificate. 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month Boy, Year 3 should PRIMARY CONTRIBUTING cremotion, CAUSE OF DEATH Car Accident 21d INJURY OCCURRED 21e PLACE OF IN JRY (At home, form, street, 71f LOCATION Street or R F.D No. City or Town State (ounly factory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK AT WORK Virginia? 22a 1 certify that I taak charge of the remains described above, held an Autapsy 1. Inspection K. Inquiry [X]. and in my apinian Natural causes . Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy ro FUNE Heo.th ADDRESS(Street, city, town, or county) Reisterstown. Md. NAME (Type) D. D. Caples, M.D. 230 BUR AL, CREMAT ON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Harmony Memorial Park Maryland Burial 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) 1968 Welsonlas Q Home-4001 Benning Road PNUEC 6 10M REV. 1/68

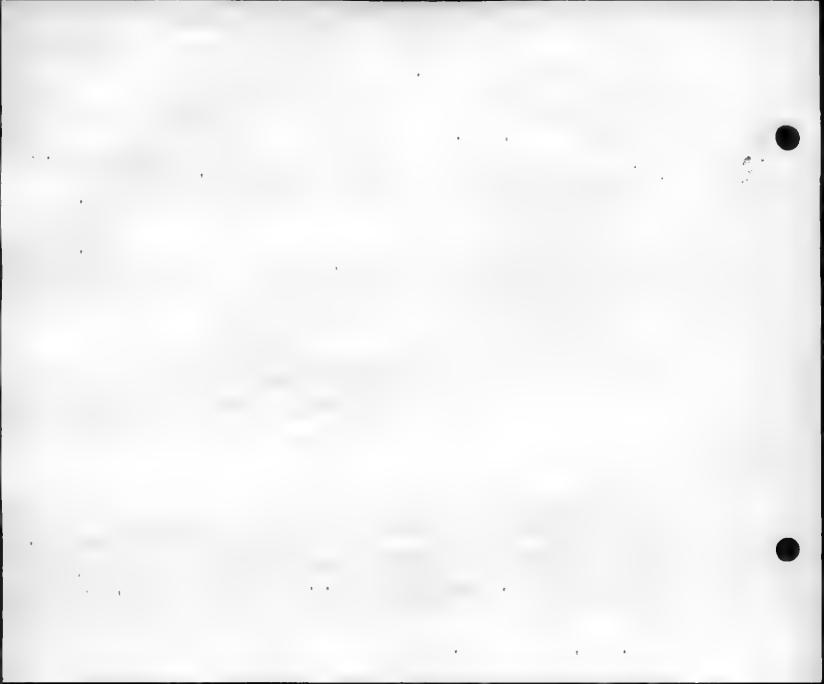


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17029 1 DECEASED-NAME First deoth. Middle Lost 20 DATE OF DEATH death. 2b. HOUR (Type or print) Month 1968 ADOLPH 5:10A WILLIAM EIRING 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR tF JNDER 24 HRS lost b rihdoy) HOURS MARCH 23, 1895 MALE WHITE YRS. 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH country) nd completely filled in within 72 MARYLAND U.S.A. WIDOWED DIVORCED BALTIMORE, 11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUS NESS OR ST. JOSEPH most of work no lite, even if tet red )

NT UNE WITH CO.

TY LIMITS? 13e STREET AND NUMBER remove torbon INDUSTRY TOWSON HOSPITAL 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? percoved odmission) STATE
\_NARYT.AND 13b COUNTY YES V 2124 BANK STREET BALTIMORE burial, cremotion, or removal, and in any 14 FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Middle OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17 INFORMANT Yes no a unknown) ROSE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART DEATH WAS CAUSED BY EPIDERMOID CARCINOMA of the RIGHT LUNG PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if ony, which gove ) nse to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIF-CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficote has been s for use os the t f Health prior to b TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING NOX CAUSES OF DEATH? YES 🖂 this certificote 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18.) FOR CONTRIBUTING FICAUSE OF DEATH HOUR A M Month Doy Year director, page 3 should be detached thought should be filed with the State Dept. of (If either, notify medical examiner) 21d. INJRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town County Stote While Not while of work 22a 1 certify that (1) (this haspital) attended the deceased from November 23, 19.68, to December 23, 19.68, that (1) (we) last saw the deceased alive an December 23, 19.68, and that in (1974) (aur) applicance death occurred on the date and haur and from the TO FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (data out view the bady after death. 22b SIGNATURE 22c DATE SIGNED MED DIRECTOR December 23, 1968 DEGREE 22d. PHYSICIAN'S York Road Towson, Md. #21204 NAME (Type) Eugenio Antonio, M.D. 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24 FUNERAL DIRECTOR DATEDEC







and 2 death.

Ineral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the ∎ath certificate be executed withtin 24 haurs after death.

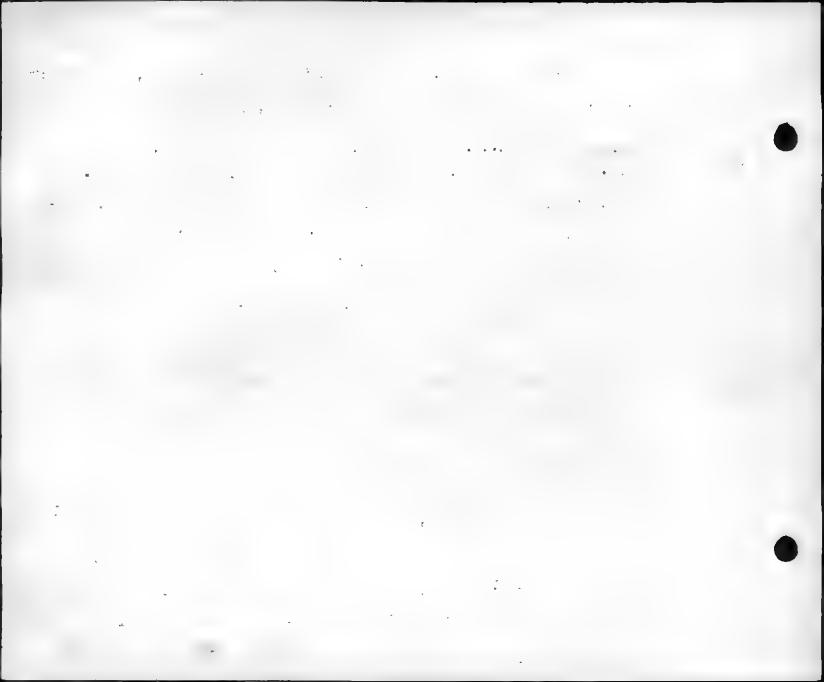
Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely med in director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbba, appers shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 h

VR A15 (4) 30M REV 1/68

	200	Best 1		CERTIFICA	TE OF DEAT	Н			1703	2	
	CEASED-NAME ype or print)	First MARIE	Middle $\mathbf{E}_ullet$	EV	Lost ERETT		DATE OF DEATH CEMBER Month 3	,	1968′	2b. HOUR	
3. SE	x FEMALE		RACE WHITE		DATE OF BIRTH EBRUARY 24	4, 189	6. AGE (In year	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
taur 10 C	MARYLAN ITY OR TOWN OF DEA TOWSO	D ITH N	II S. A.  11 NAME OF HOSPITAL OF GIVE STEELING GOVERNMENT OF THE STEELING G	R INSTITUTION (if not EPH HOSPI	TAL 120 U	USUAL OCC.	BATTTMORE  PATION (Kind of work, nog afte, even if ref	ired)	126 KIND OF INDUSTRY	Md BUSINESS OR	
13a. odmi	USUAL RESIDENCE (W	YLAND 1	ved, if institution: Residence bef 3b. COUNTY	BALTIMO		NO	13e. STREET AND NUME 3301 NORMA		VE. #2	21213	
14 F	ATHER'S NAME	ETE	R GRANLU		BRIDGE	_	Me DEVI	dle TT		Last	
16a. Y	WAS DECEASED EVER es, no or unknown)	IN U.S. ARMED F	ORCES? 16b. SOCIAL SECUR		Dous 36	ouge	m-3301	ress	sman	ر (بر یعی	
		WAS CAUSED BY IMMEDIATE Co which gove ) couse (o),(	AUSE (a) CARCINO  DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)	of pan	creas with stasis	exte	ens <b>i ve</b>		BETWEEN (	OMSET AND DEATH	
22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19a DATE OF OPERATI	90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINE CAUSES OF DEATH?						INGS CO	ONSIDERED IN C	ERTIFYING	
WEDICAL CER	21 a. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Y P.M.		INJURY OCCURRED (I	Enter noture	e of injury in Port 1 or	Part 2, It	tern 18.)		
ME	21d. INJURY OCCURE While Not while at work ot wark	RED 21e. PLAC	E OF INJURY ( AT HOME, FARM, STREE OFFICE BUILDING, ETC.				City or Town		County	State	
	220. I certify that (\$\mathbb{X}\$ (this hospital) oftended the deceosed from November 1619.68, taDecember 3 1968, that \$\mathbb{N}\$) (we) lost saw the deceased alive an December 3, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death										
	22b SIGNATURE	Ici	llia,	DEGREE	11117	MED DIRECTOR	STAFF PHYS.		3/68		
	22d. PHYSICIAN S NAME (Type)		Cilliani, M.D.				l., Towson,				
L	BUR AL, CREMATION, REMOVAL (Specify)	23b DATE 12 -	6-68 NEN		DRAL CEM	.,	LOCATION (City or Town	7 12		(State)	
24	FUNERAL DIRECTOR	W. Febru	ADDA 2384 L	RESS	DE STORE	D BY REGIS	1988 25b per	TRAR S	SIGNATURE	pe.	

DEC 6

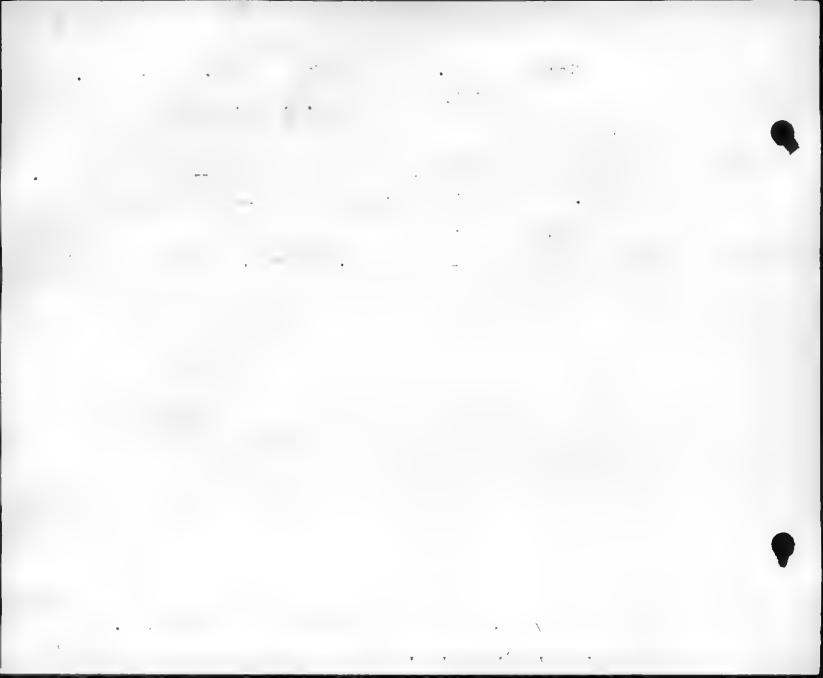


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17033

CERTIFICATE OF DEATH Last 20 DATE OF DEATH DECEASED-NAME First Middle 26 HOUR Manth 5. (Type or print) Charles Fabiszak Dec. 1968 S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years White Mala last birthday) Oct. 8, 1920. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Baltimore country) Maryland USA DIVORCED [ ] WIDOWED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done TO, CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life even directed | INDUSTRY Accountant -- Roofing Products Co. givestreat address Drumwood Road Towson 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d. INSIDE CITY LIMITS? admissian) STATE Md. 13b. COUNTBaltimore Baltimore 8609 Drumwood Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Last Last Joseph Fabiszak Mary Seifert 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. Margaret C. Fabiszak Yes, ner or woknown) 215-14-9802 (Same) APPROX.MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART J. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH INFACEDON IMMEDIATE CAUSE (a) TERIO SCLEKUTIC CARD, O VASCULAR Canditians, if any, which gave) rise ta immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO 5 21g ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If e ther, natify medical examiner) 21d INJURY OCCURRED 218. PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 1965\_, that (I) (wet last couses stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED **ATTENDING** MED DIRECTOR 12-6-68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type & 1000mm ILLS BUR 1541, W. 20 427 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) Dulaney Valley Cemetery Baltimore, Md. 250. RECID BY REGISTRAR 1968 25b. 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto. Md. 21214

24 hours after deoth. and completely filled in by the twertol remove consorpopers. Pages, I and 2 in any event, within 72 hayrs after death law requires that the death certificate be executed within or removo cremation, signed by the burial-tronsit p burial, crematic by the hosp tal or attending as the O FUNERAL DIRECTOR: After this certificate has been for use Health 9 detached OR ATTENDING be retained should director, page Should be filed

30M REY



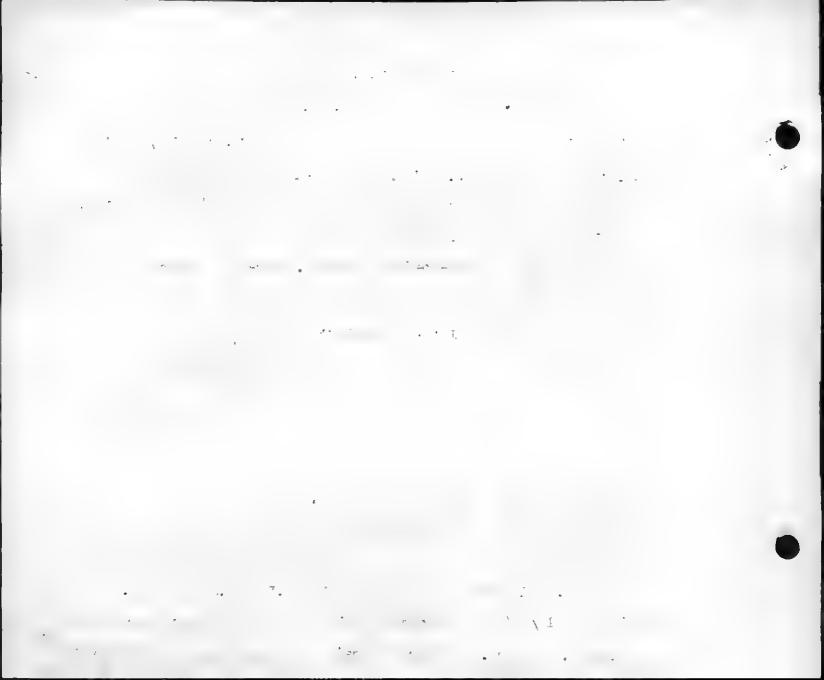
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17034 CERTIFICATE OF DEATH DECEASED NAME Middle First Last 20 DATE OF DEATH ed within 24 hours after Imath 12 Month 18 Day 68/ear (Type or print) Mozell Rebeckah Featherston 3. SEX 4. RACE IF UNDER 24 MRS. 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR White 2-23-89 lost birthday) NOURS Female 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [ NEVER MARRIED [ country) Baltimore IISA WIDOWED DIVORCED | Alabama event, within 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired)
Certified Public Acc. give street oddress) INDUSTRY Gen Hosp Randallstown Self-employe 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER odmission) STATE 135 COUNTY Randallstown -14 Church Road please remave Balto and in any 14. FATHER'S NAME Middle Middle IS. MOTHER'S MAIDEN NAME First Last Scott Wilson Agenes Lawrence physician requires that the death certificate 16b SOC AL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address // Yes, no, or unknown) [ (II yes give wor or dates of service) signed by the attending physiburial-transit permit. Then planning, ar remayal, 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE/O Conditions, if any, which gove ) rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the undersying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or amenany O FUNERAL DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The low 9a. DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 detached far use te Dept. af Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT NOME FARM, STREET FACTORY ) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark at work 22a. I certify that (1) (this haspital) attended the deceased from 1900, and that in ( 19 00 to saw the deceased give an DEC1 1968, and that in (my) (our) opinian death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) yes, the body after death 226 SHENAHURI 22c. DATE SIGNED. ATTENDING director, page 3 PHYS DIRECTOR 21d. PHYS CIAN S 22e ADDRESS NAME (Type) 236 DATE 23d LOCATION (City or Town) 230 BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Park Crematory oudon Baltimore City PEC 2 3 19 24 FUNERAL DIRECTOR VR A15 (4) 1968 30M REV 1, 68

8728 Liberty Road

Loring Byers Chaple



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17035 20. DATE OF DEATH Middle 1nst Pages 1 and 2 urs after death. 04 DECEASED NAME First 2b HOUR within 24 haurs after death. (Type or print) 68 HORACE PRICE FERRELL 7:30 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost birthday) 51 YRs MONTHS HOURS MALE CAU. 8-16-17 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED AN NEVER MARRIED country) USA WIDOWED [ DIVORCED [ BALTIMORE, COUNTY VIRGINIA 11. NAME OF MOSPITAL OR INSTITUTION (If not in hospital D. CITY OR TOWN OF DEATH 120 USUAL OCCUPAT ON (Kind of work done 12b. KIND OF BUSINESS OR give street address)
GREAT BALTO MED CENTR arbon BALTIMORE, MD 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 113c. CITY OR TOWN 13d. UNSIDE CITY LAMITS? 13e STREET AND NUMBER executed odmission) STATE 13b COUNTY IISA BALTIMORE YES NO [ 215 Linhigh Avenue physician and chen please remain Middle 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Last FERRELL requires that the death certificate be PRITCHARD LILLIAN CROUCH 160 WAS DECEASED EVER IN LS ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, occurrence (nown) 231-12-1598 Leena P. Ferrell Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) MULTIPLE MUELOMA rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate hos been XVV X 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 19a, DATE OF OPERATION CAUSES OF DEATH? YES [T] NO X 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 23b. TIME OF INJURY OR CONTRIBLTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. Stote City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from NOVSMBER19 68, to 12/26, 1968, that (I) (we) last saw the deceased alive an 12/26, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the NOVEMBER 19 68 to 12/26 TO FUNERAL DIRECTOR: After be retoined causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE ATTENDING STAFF PHYS. 12-26-68 DEGREE DIRECTOR PHYS. 22e. ADDRESS · 22d. PHYSICIAN'S director, po should be f NAME (Type) GREAT BALTO MED CENTR. DR. MUSS IVA 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE (County) 12/30/68 Gardens of Faith REPOWAL Spelly) Baltimere Maryland ADDRESS 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Road 30M REV



### 17026

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17036

1 DECEASED-NAME (Type or print)	First ARTHU	JR	Middle H.ope	F	Lost I LANDER		20	DATE OF DEATH	ith Day	) 1 <sup>4</sup> 968	2b HOUR
3 SEX Male	-	4. RACE Cauca	sian		S DATE OF E	91RTH 4, 190	4	å AGE last b	(In years inthay) 64 YRS	IF UNDER I YEAR MONTHS DAYS	F UNDER 24 HRS HOURS MIN
70 BIRTHPLACE (Stote country) Penn	e or foreign a.	76 CITIZEN OF WH		8. MARRIE WIDOWE	D KNEVER MA	RRIED	9 <b>CO</b> U	Baltim	ore		Md
10 CITY OR TOWN OF	, Md.	Green S	ME OF HOSPITAL OR INS treet address) aren Balto			12a USJ during m En (	ast of v	PATION (Kind of vorking life, eve er	wark done n if retired )	125 KIND OF INDUSTRY	BUSINESS OR
13a USJAŁ RESIDENCI odmission) STATE	t (Where deceosi Maryland	13b COUNTY E	on Residence before Baltimore	13c CITY 212		13d INSIDE CITY L	imits?	13e. STREET AND 720 An		Road	
14. FATHER'S NAME Andrew	First	Middle	Filande	r	IS MOTHERS A	_	First	-	Middle	?????	last
160 WAS DECEASED I	EVER IN U.S. ARM	ED FORCES? et or dates of service)	166 SOCIAL SECURITY I		7 INFORMANT				Address		
18 CAUSE OF PART 1. DE  4 7 0  Conditions, if all rise to immediate united to the part 2. OTHER	DEATH (Enter on- ATH WAS CAUSED IMMEDIA  Ny, which gove idte cause (o), derlying couse SEGNIFICANT CON	BY. TE CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A  (c)  DITIONS CONTRIBU	290=07-20 He for (a), (b), and (c) Acute brows S A CONSEQUENCE OF S A CONSEQUENCE OF	nchop ot related	neumoni	a, bila	ater			APPROXII	MAYE INTERVAL MSET AND DEATH
190. DATE OF OP	ERATION 19b (	ONDITION FOR WH		RFORMED	20a. AUT YES K	NO [	ES	ERED IN CERTIFYING			
	G CAUSE OF DEATH y medical examin CCURRED 21e. while work	er) P.M.	Month Day Year  15  AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		LOCATION Stre	eet or R.F.D. No	).	City or Town		County	Stote
22a I certif saw the causes	22a   certify that (1) (this haspital) attended the deceased fram 12/30 , 19.68 , to 12/30 , 1968 , that (1) (we) las saw the deceased dive on 12/30 1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.  22b SIGNATURE   DEGREE PHYS   DIRECTOR   STAFF   DIRECTOR   PHYS   12/30/68										
22d. PHYSICIAN NAME (Typ	John	E. Adams	, M. D.		22e. AD Gr	DRESS		imore Me	edical	Center	
230 BUR AL, CREMAT ENTOMBME	IION 23b D		23c. NAME OF		OR CREMATORY	n. Maus	23d 01er	location (City o	ir Town)	(County)	(Stote) yland
24. FUNERAL DIRECTO Wm . Cook -		Towson,	ADDRESS 1050 York	Road	104	2Sa. REC'D E	BY REGIS		REGISTRAR'S		

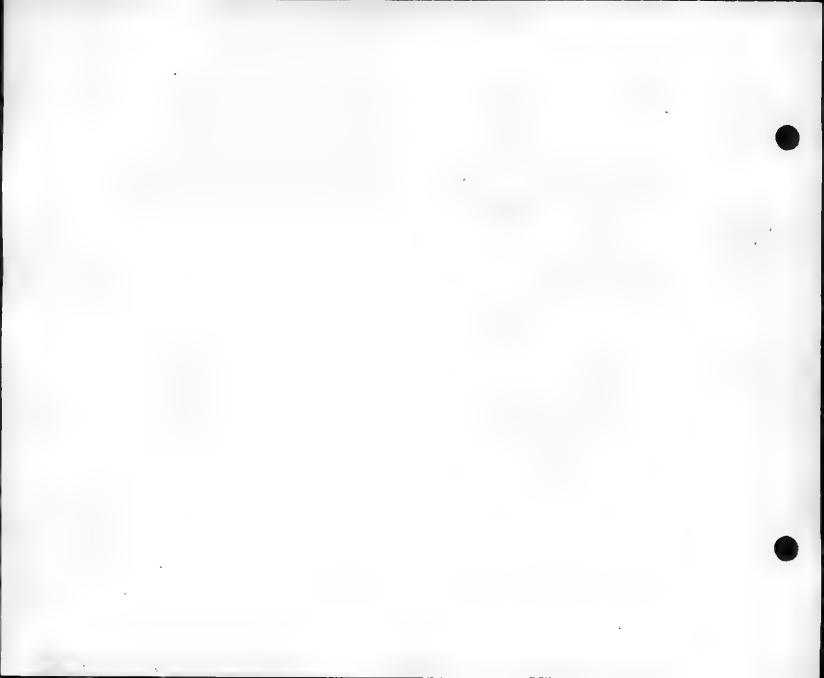
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove corbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burnal, cremation, or removal, and in any eyent, within 72 hours after death. VR A15 00

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certifitate be executed within 24 hours after death.

Poge 4 moy be retoined by the hospitol or attending physician.



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of h.	2 5 E		ECEASED NAME First Type or print) Ange	7455	Middle	7	lost 'IOROL'	T	20 DATE OF	DEATH Month	Doy Yeor	2b.,HOUR
Ď	3300	3. 5		4. RACE			. DATE OF BI			12	Doy Yeor	68 7 AM
iii iii	200					12			3000	6 AGE (In years lest birthpay) 65 y	MONTHS D	AYS HOURS MAN
5			emale  BIRTHPLACE (State or foreign 7)	White  b (ITIZEN OF WI		0		ary 10,	9. COUNTY OF	05 Y	/RS	
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Æ	調響を多	10	ITY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR INS	TITUTION (If not	in hospital	120 USUA.	L OCCUPATION	(Kind of work do	one 125 KIND d ) INDUSTR	D OF BUSINESS OR
W.	¥. iv Sq. v		owson	9.70	street oddress) St. Joseph	Hospit	al	Home		life, even if retire		1
in ted	event correction	130 ada	USUA: RESIDENCE (Where deceased ission) _STATE   Lary Land	lived, if institut 125. COUNTY Baltim	on Residence before	Baltin		13d INSIDE CITY LIA		reet and number Cockpit		
The low requires that the death certificate be executed within 24 hours after death	signed by the ottending physician and completely filled in by burial-transit permit. Then please remove corbon papers. Purial, cremation, or removal, and in ony event, within 72 hours.		FATHER'S NAME First	Middle	BUCCI	15.	MOTHER S MA	AIDEN NAME FI	rst	> Middle	9	Lost
0	eose	160	WAS DECEASED EVER IN U.S. ARME		16b SOCIAL SECURITY N	O 17 INI	FORMANT			Addres	S	
Iffico	hysic plan al, c		es, no or unknown) ,11 yes give war	or dates of service)		AF	THVI	R F10	ROLL		ABOVE	<u> </u>
Cert	The T		18. CAUSE OF DEATH (Enter on y	one couse per la	ne for (o) (b), and (c) )							PROX MATE INTERVAL EEN ONSET AND DEATH
oth	ndir mt. or re		PART I. DEATH WAS CAUSED	BY: E CAUSE (o)	Myocardial	infaro	tion	sec. to	)			
e d	offer on,	П	4109		AS A CONSEQUENCE OF							
#	sit   noti		Conditions, if any which gove inserto immediate couse (a),	(b)	coronary a	rtery t	hromb	osis				
4	tran crer		stoting the underlying couse	DUE TO, OR /	AS A CONSEQUENCE OF							
ires	ysic med rial- rial,		lost. 4201	(c)	This to print him h							
	s sign	П	PART 2 OTHER SIGNIFICANT COND	-	TING TO DEATH BUT NO	)) RELATED TO	THE TERMINA	I D ZEAZE ORCC	ONDITION GIVE	N IN PART I(0)		
». P	the	I NO	Pulmonary infa	INDITION FOR WH	IICH ODEDATION WAS DED	EODMED	20o. AUTO	DCV2	20% 10	YES, WERE FINDIN	CS CONSIDERED I	IN CEDT EVING
The L	icate has been for use as the Health prior to	CERTIFICATION	DATE OF OFERATION	NED TOK WIT	ICH OF ERATION TIAS FER	A OKMED	YES TE			OF DEATH?	G) CONSIDERED I	W CERTIFIED
<u> </u>	rate or u teal		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH			21c. HOY	Y INJURY OCC	URRED (Enter	noture of inju	ry in Port 1 or Por	t 2, Item 18.)	
	a difficiency of the second of	MEDICAL	(If either, notify medical examine		Month Doy Yeor							
PHYS	Toge 4 May be retained by the Hashind at Orientaing prysidum.  To Funekal Directors. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, cre	W	nt work ot work		( AT HOME FARM, STREET, FAC OFFICE BUNDING, ETC					or Town	County	Stote
ING	oy in (fter the be de Stote	П	22a. I certify that (II (this saw the deceased aliveauses stated above,	haspital) att	ended the decease	d from_12	2/1/	, 19_6	8_, ta1	2/16/	19 <u>.68</u> , f	hat 🔊 (we) las
QN	Ed Ald I		saw the deceased aliv	/e an 12	/16/	9 <b>68</b> and	that in (m	y) (aur) apir	nan death	accurred an the	e date and ha	our and from the
	<b>6</b> 4 4		22b SIGNATURE / / /	(i) (we) (uiu)	(did fidi) view life i	ady diret de	(0111.		<del></del> -		22c DATE SIGNED	)
~	# 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1. hust	Jeluis		DEGREE	ATTENDIN PHYS.	NG DI	RECTOR	STAFF PHYS EX	12/16/	
AL	Poge Poge		22d. PHYSICIAN'S	1	14.		22e ADD	RESS				
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H0	Figure Firect Maul	230	BURIAL, CREMATION 23b DA	2/19/68	23c NAME OF					ON (City or Town)	(County)	(State)
010	2 2 5		1501/176	1,1/65	ST. STA	215 LAL	15			ALTC. 1		
	VR A15 A1R	24	FUNERAL DIRECTOR  J. J. COMMA	-115-				2So REC'D BY		25b. REGISTR	AR'S SIGNATURE	0
	45M - 1/10/		VIII, EDAMA	111	(ON)	DU M	41 ( ( )	DATE LAL	LI II	IJDA YU	~ KENDER	U.An. MARS





TO FUNERAL DIRECTOR: After this certificate has been signed by the allending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove carbon papers and and 2 should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Leoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASED-NAME	First		Middle		Lost		2a. DATE OF			2b. HOU
(T	ype ar print)	AMIN		V		FORD		DECEN	BER 9	196°	8 10 P.
. SE		4	I. RACE			S DATE OF BIR			6 AGE (In years last birthagy)	IF UNDER 1 Y	YEAR OF UNDER 24 HI
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OUD	IRTHPLACE (State or forestry)	gn 7b.	CITIZEN OF WHAT C	OUNTRY?		D 🔲 NEVER MARR	CIED	9. COUNTY OF			
C	NNECT ICUT		U. S. A.		WIDOWE			BALT			
	ITY OR TOWN OF DEATH		11 NAME (	OF HOSPITAL OR INS	I) NOITUTION	f not in hespital	during m	AL OCCUPATION ost of working	(Kind of work do	ne 12b KIN d ) INDUSTI	VO OF BUSINESS OR TRY
	TONSVILLE	2 24	SHAD	Y NOOK 1	URS I	NG HOME					
	USUAL RESIDENCE (Where STATE MARYLAN)	deceosed III	136. COUNTY BALT	Kesidence before	13c CITY	1			REET AND NUMBER		21227
4 5		)	BALT	IMORE_	HAL	ETHORPE			7 FAIRV		
4 1	ATHER S NAME First		Middle	1.ost		IS MOTHERS MAI	_		M+ddle	ļ	Lost
14	WILL:		H.	VAN KEU		7 INFORMANT	MIN	NIE GI	IBBS Address		
100. Y	es, na, ar unknawn)   (If	haz dina matat q	dates of service				onterior e	n 1717			01007
_	No			27-09-13		KUIH F.	WHEELLE	K I/I/	PATKVIEW		PPROXIMATE INTERVAL
	<ol> <li>CAUSE OF DEATH (E PART I, DEATH WAS</li> </ol>	nter only or CAUSED BY:				. 0		٥	1	BETY	WEEN ONSET AND DEATH
	IMMEDIATE (AUSE (a)										Liberalli i
	DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave )										
	rise to immediate cous	e (o),	(b)								
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS								GS CONSIDERED	IN CERTIFYING		
FICA	YES NO TO CAUSES OF DEATH?								03 (01310)	III CERTI THE	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2.										t 2. Item 183	
3	Or Contributing Cause of Beath HOUR A.M. Manth Day Year  Iff either, not fy medical examiner) P.M.										
MEDICAL	21d. INJURY OCCURRED		CE OF INJURY CATH	OME FARM, STREET, FAC		LOCATION Street	or RFD Na	(ıty	ar Town	County	State
	21d. INJURY OCCURRED While Nat while of wark  21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.)  21f. LOCATION Street or R.F.D. Na (ity or Town County State) at work										
	22a, I certify that (I) (this haspital) attended the deceased from Sept. 10, 1960, ta Dec. 9, 1960, that (I) (ve)										
	saw the deceased give an 1968, and that in (my) (our) apinian death accurred an the date and have and from to causes stated above, (1) (we) (did not) view the bady after death.										
		abave, (I)	(w <del>e) (did)</del> (did	nat) view the	bady afte	er death.				20 0 17 0 17	
	22b SIGNATURE	. 1			Dr	GREE PHYS	G FER A		STAFF P	22c DATE SIGNE 12-10-6	
	22d, PHYSICIAN'S	er v	CALVY	1	Ut	F 111-2		DIRECTOR -	PHYS.		
	NAME (Type) Dr	John	A. Nesb	itt, Jr.	•	1009	Frede	rick Ro	ad, Balt	o. Md.	
12.0	BURIAL, CREMATION,	23b. DATE		23c NAME OF	CEMETERY (	OD CDEMATORY		22d LOCATIO	IN (City of Town)	(County)	) (State)
23(1	DEMOVAL (Specify)	12-12				Cemetery		1	imore Cit		
							MAIDEN NAME FIRST  MAIDEN NAME FIRST  MAIDEN NAME FIRST  MINNIE  NAL DISEASE ORCONDITION  TOPSY?  NO DISEASE ORCONDITION  TOPSY?  TOPS		THOTO OIL	-,	
24	funeral director Howard H. H			ADDRESS			250 REC D B	Y REGISTRAR	25b REGISTR	AR'S SIGNATURI	E





, 1	Iteml3 Film 1/5/69 kk Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1/5/69 kk Presion of Vital Records, 301 W. Presion Street, Baltimore, Martiand 21201 17041
HEALTH DEPT	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day Year 2b HOUR (Type or Print) Flisabeth Freitag DEATH MATED 20 DATE KNOWN Month Day Year 2b HOUR
deloy 1. M3. Pogo	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years lest bipholor) Sex Hours MIN Jones PRONOUNCED DEAD 2d HOUR MONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) MONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (In years lest bipholor) AMONTHS DAYS HOURS MIN JONES AGE (IN years lest bipholor) AMONTHS MIN JONES AGE (IN yea
form Property of the Dep	70. B.RTHPLACE (Stote or toreign   7b (ITIZEN OF WHAT COUNTRY?   B   MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   Gunley   Maryland   U.S.A.   WIDOWED   Baltimore   Marking   Marking   Baltimore   Marking   Marking
r deoth ve Poge g w th f the Stot	Towson  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even fretired)  12b KIND OF BUSINESS OR during most of working life even fretired)  INDUSTRY
rs afte 18 Gi e a on 2 with	130 JSJAL RESIDENCE (Where deceosed rved, if institution Residence before 3C. CITY OR TOWN admission) STATE    13b COUNTY   13c INSTITUTE   13b COUNTY   13c INSTITUTE   13c I
24 hours in Item 1 rs Office ss 1 ond 2 rs ofter	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  Julius Franz Christina Barth
Examiner s File pages	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. No. of unknown)  (If yes give wor or dates of service)  16b SOCIAL SECURITY NO  216-46-2457  In s. Helen Fik, 5916 Breckenridge Road
70 := -	18 CAUSE OF DEATH (Enter on y one couse per line for (0) by and (1)  PART! DEATH WAS CAUSED BY.  IMMEDIATE (AUSE (0)  PART! CAUSE (AUSE (0))  PART! DEATH WAS CAUSED BY.  IMMEDIATE (AUSE (0))
be "pe "ipe "ipe "ipe "ipe "ipe "ipe "ipe	Canditions, if any, which gove rise to mined ate cause (a).  (b) The Time of Lottife Builting  (c) The Constitution of the cause (a).
wor the rol	stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
icate : ing the ded to ded to as a b	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(q)
certification with orward used used	190 DATE OF OPERATION  190 COND T ON FOR WHICH OPERAT ON  WAS PERFORMED?  20 AUTOPSY?  YES NO DESCRIPTION  210 EXTERNAL CAUSE WAS 1210 TIME OF INJURY Months Day. Year 121c HOW INJURY OCCURRED (Finite parties of pure of pur
iffica d be d build b	
EXAMINER: ute the cert oge 4 should your files. Page 3 should, cremotion,	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R F D. No City of Town Backing att)
Poggetting of,	220. I certify that I taok charge of the remains described obove, held an Autopsy , Inspect an Tinquiry , and in my opinion
Se exector and formed for buring the buring	death resulted from: Notural causes Accident Suicide Homicide, Undetermined monner
Ty please y, please eral directions tal DIRE prior to	ACTUAL SIGNATURE & MALLES + OF DOWNE COMP. ASSISTANT MEDICAL EXAMINER 1226 DATE SIGNED
	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)
TO DEPL necessa the fun 5 may TO FUNE Health	23a BURAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) (County) (State)  BENGYAL-Specify 12/26/68 Loudon Park Cemetery Baltimore, Md.
VR ALSME (5) TDM REV 1/68	24 FUNERAL DIRECTOR  Ullrich Funeral Home 4210 Belair hoad.  250 RECTO BY REGISTRAR 250 REGISTRAR'S 5 GNATURE DEC 2 6 1968  ADDRESS  DATE DEC 2 6 1968



23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Greenmount Cemetery

230 BURIAL CREMATION

FUNERAL DIRECTOR Mitchell Wiedefeld Home 6500 York Rd.

12/23/1968

23b. DATE

2So. REC D BY REGISTRAR 1968

23d LOCATION (City or Town)

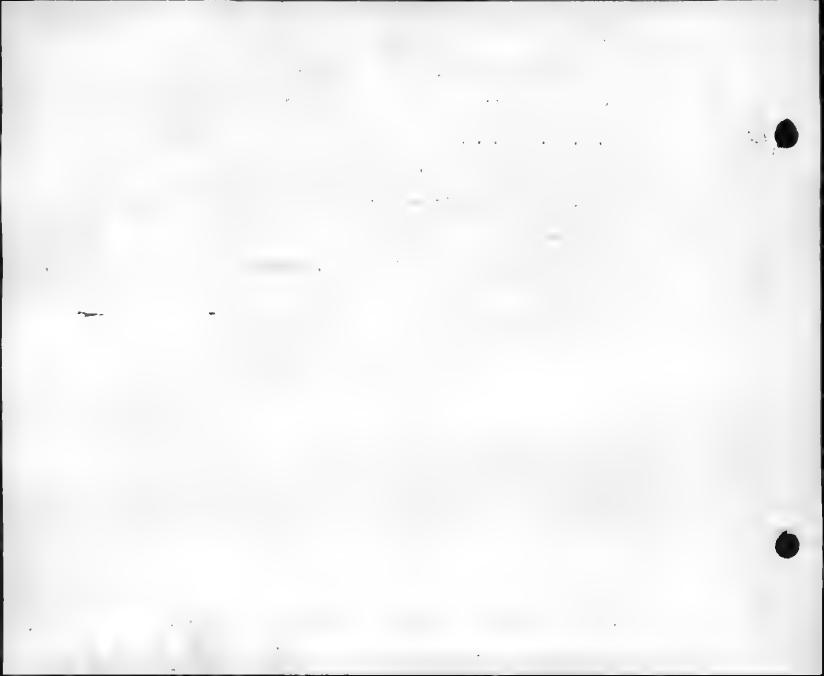
Baltiore

25b. REGISTRAR'S SIGNATURE

(County)

(Stote)

Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH	17043	
Middle	Lest France	20 DATE OF DEATH Month Doy Year	2b. HOU
-1	S DATE OF BIRTH	O NOT I'M YOUNG	INDER 24 H

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

State

(State) Oliio

ESTER 3 SEX 4. RACE ach 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED X DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 12a. USJAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH give street oddress 1 AC3 PPEACE MANCHURING most of working life, even if retired)

18 CAUSE OF DEATH (Enter only one couse per line for (6) (b), and (c).

PART I. DEATH WAS (AUSED BY:
IMMEDIATE CAUSE (o

130 USUAL RESIDENCE (Where deceosed tyled, if institution Residence before 13c CITY OR TOWN 3d. INSIDE CIFY, LIMBEST 13e. STREET AND NUMBER admission) STATE 13h (O. N.

14, FATHER'S NAME Middle Last 15. MOTHER S, MAJDEN NAME, First 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes no of unknown) (If yes give war or dates of service)

Conditions, if ony, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [T] NO F

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year

(If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED 21a. PLACE OF INJURY Street or R.F.D. No. City or Town County

While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from

saw the deceased alive an 19 and that in (ray) (act) apinion death accurred an the date and hour and from the causes stated above, (I) (see) (did) (die riot) view the bady after death. saw the deceased alive an \_\_/\_\_\_ 226 SIGNATURE 22c. DATE SIGNED STAFF

DIRECTOR 22e ADDRESS PHYSICIAN'S 7501 YORK NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION 23b. DATE (County) Hamilton Cincinatti REMOVAL (Specify) Spring Grove Cemetery 1968 Dec 16

24. FUNERAL DIRECTOR **ADDRESS** 25g. REC'D BY REGISTRAR F. Gaseh's bons llyattsville, Md.

25b. REGISTRAR'S SIGNATUR

VR A15 (4) 30M REV, 1/68

directar, shauld DECEASED NAME

(Type or print)

34 hours after death

within

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

the haspital ar attending

O FUNISAL DIRECTOR: After this certificate has been

be retained by

ter"death

within 72 hours

signed by the attending physician and campletely filted in by the feneral burial-transit permit. Then please remave carban papers. Pages 4 and

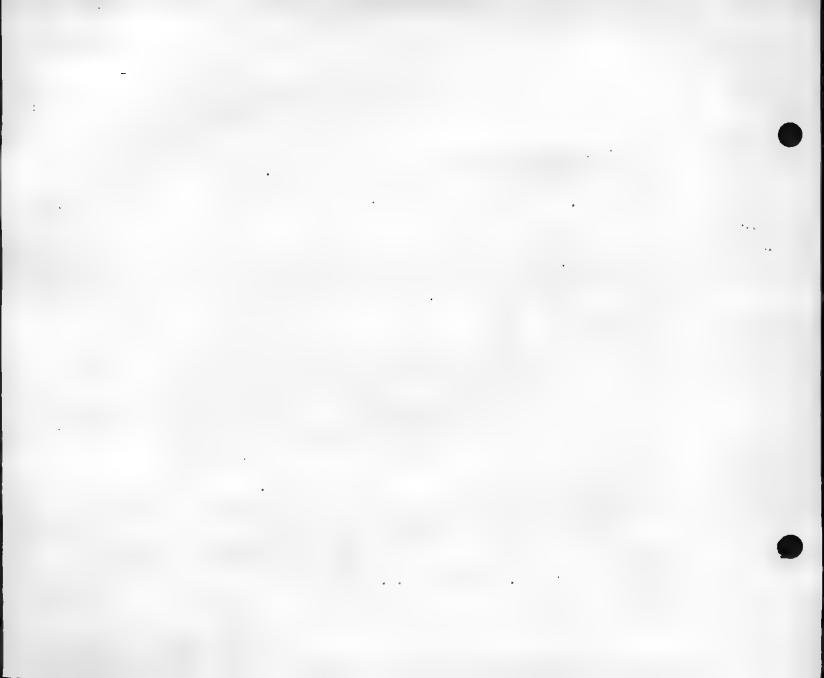
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ed far use as the b . af Health priar to b





1 01	Iter	n8 FilmGh08		E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MA	ADVIAND 21201						
FOR STATE	1/8/			R'S CERTIFICATE OF DEA		17845					
HEALTH DEPT.		SED NAME First or Print)	Middle	Last	20. DATE KNOWN TO Month	Doy Yeor 2b HOJR					
.≅ (5 ) P.	(тура	GROV	ER EUGENE	FUNKHOUSER	OF ESTI- DEATH MATED □ 12-2	25 168 #					
SE E	3 SEX	4. RACE	in in	GE (In years IF UNDER 1 YEAR IF UNDER 24 I t birthday) MONTHS DAYS HOURS	ZC DHIL I KONOONELD DEND	2d. HOUR					
PM3	Mal		11/27/28 4	1//2	December 25	Yeor 168 2:30					
form, in	country)	PLACE (State or foreign 7	15 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	COUNTY OF DEATH BALTIMORE	PM M					
	10 CITY C	OR TOWN OF DEATH	II NAME OF HOSPITAL OR	NSTITUTION (if not in hospital 12a. USU	AL OCCUPATION (Kind of work done	+2b. KIND OF BUSINESS OR INDUSTRY					
offer deat along with with the Ste	120 (11	AL DIC NEW CONTRACT	Baltimore Co	unty General Hosp.	152 13e STREET AND NUMBER	TIDOSIKI					
		ion) STATE MD -	JSb. COUNTY HOWARD	Ellicott City YES NO	160 SIKEET THE HOMBER						
hours Item 1 Office Tond2	14. FATHE	R'S NAME First	Midale Last		First / M.ddle	Lost					
24 h in Italia is of is	1	1640 FUA	VKHOUSER	EUNICE	HOSE						
within 24 pencil in xominer's ile poges 72 hours		DECEASED EVER IN U.S. ARMED F	ORCES? 166. SOCIAL SECURITY		ADDRESS_	C 44					
wet pe kon kon 72	1	ES Ko	CE AN 216-24-1		ONK HOUSER ELLIC	APPROX.MATEINTERVA.					
be executed "pending" in itef Medical E posit permit. Fevent within	18.	DART I DEATH WAS CALSED	y one cause per line far (a), (b) and (c) BY:			BETWEEN ONSET AND DEATH					
e executed pending" ir ef Medical I sit permit.		P / / J IMMEDIA	TE CAUSE (a) Asphyxia b								
pe e per ief / nsit	Con	ditions, if ony, which gove	(b)								
should be executed to word "pending" in to the Chief Medical E. purial-tronsit permit. Fin ony event within		to immediate cause (a), ( ing the underlying cause (	DUE TO, OR AS A CONSEQUENCE C	F							
e should the word to the Cl burial-tru	last	- '	(c)								
This certificate should cate, writing the word be forworded to the Cl be used os a burial-try removol, ond in ony	PAR	2 OTHER SIGNIFICANT CONDI	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)								
writing writing rworded sed os o	₹ / 0 100	DATE OF OPERATION	196 CONDITION FOR	WUICH ODERATION		20. AUTOPSY?					
e, writ forwor used emovo	7 190.	DAIL OF OTERATION	WAS PERFORMED			YES X NO					
This ficate, be for d be or rer		EXTERNAL CAUSE WAS	21b TIME OF INJURY Manth, Day, Ye	or 21c HOW INJURY OCCURRED (Enter	nature of in Jry in Port 1 or Part 2, Her						
INER: Te certific should be files. 3 should a should water or strong or stro	U 211	MARY CONTRIBUTING USE OF DEATH	PM 12-25 19								
			LACE OF IN. URY (At hame, farm, street, tary, office building, etc.)	21f LOCATION Street or R.F.D. No.	City or Tawn	County State					
EXAM ute th age 4 your Page Page	AT	WORK AT WORK	apartment	240 Oella Ave.							
				ed above, held an Autopsy X,	Inspection , Inquiry ,	, and in my opin an					
JTY DIC, pleose e eral director be retained RAL DIRECT prior to bu		death resulted from	Natural auses, Accide			لــ					
Ty ple trail dispersion of retro	AC	TUAL CHEST	11.0h	CHIEF MEDICAL EX		IGNED					
DEPUTY scessary, p e funeral moy be r FUNERAL			s S. Springate, N	The state of the s		er 26, 1968					
O DEPUTY necessary, the funera 5 may be O FUNERA Health pr		(1) (1)		ADDRESS(SITEBL), CI	ity, tawn, or county)						
0 = + 2 D ±		RIAL, CREMATION, 23b NOVAL (Specify)	101 (1)	CEMETERY OR CREMATORY	23d LOCATION (City or Town) (	(Caunty) (State)					
	24 FUNE	RA. DIRECTOR	2-28-68 (0/	ESS IZSO RECOR	Y REGISTRAR 256 REGISTRARS SI	BNAT IRE					
VR A15ME (5)	14,0	INIZAT HERE	Sing of the	TTO MODEL DEC	031 1968 PClian						
12/2/	4 1 1 1 1 1	I July II L. 7	1212								



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS,

1201

301	W.	PRESTO	TS N	REET,	BALTIMORE,	MARYLAND	21
ED.	ri E	CATE	ΛE	DEA	TU		

17046

DECEASED NAME First Middle Lost 2a DATE OF DEATH	2b. HQUR
GERALD THOMAS FURNESS December 25 Doy 19	68 1:45PI
GERALD THOMAS FURNESS December 25 Doy 19  3 SEX Male White S DATE OF BIRTH 6 AGE (In years log bythody) yes MoNTH	4 1 1/2
3 SEX Male White S DATE OF BIRTH 6 AGE (In years log by though) White 9-16-05	ER 1 YEAR IF UNDER 24 HRS
Male White 9-16-05 Of birthday) ARK (Trick) OF HAVE COUNTY OF THE STATE OF THE STAT	DYLZ HOOK? WIN
70 BIRTHPLACE (Stote or foreign   75 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9. COUNTY OF DEATH   country)   9. COUNTY OF DEATH	
Country Vermount    Married   Never Married   Never Married   B. Itimore	Mo
10 CITY OR TOWN OF DEATH II NAME OF POSPITAL OR INSTITUTION (Find in hospital 12a USUA, OCCUPATION (Kind of work done 12)	KIND OF BUS NESS OR
Baltimore give street address) Joseph Hospital during most of working ife, even if refred IN	USTRY
Baltimore   Bt. Observat Nospital   Hartford Steam Boilen	ompany
13a USUAL RESIDENCE (Where deceased lived, f institution Residence befare 13c CITY OR TOWN 13d NSIDE CITY LMTS? 13e STREET AND NUMBER	
adm ssion) STATE and No COUNTY — Balto. YES NO 028 Woodson Rd.	#21212
THE TALL THE TO WAME FIRST MIDDLE TO THE TOTAL MIDDLE NAME FIRST M	
The state of the s	teos
2 5 E Turness United fetrografed	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOC AL SECURITY NO 17 INFORMANT // CAddiess	
Yes, peror unknown) (It yes give wo priddles of service) Wife - Mabel S.	
E E E	
Baltimore    NAME of ROSPITAL OR NOTHERS and Authority of the property of the	APPROXIMATE N ERVAL BETWEEN ONSET AND DEATH
FART I. DEATH WAS CAUSED BY:	REHASEN MAZEL WAD DEVIH
IMMEDIATE CAUSE (a) Intracerebral Hemorrhage	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Thracerebral Hemorrhage  Oue TO, OR AS A CONSEQUENCE OF  (b)  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave	
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
8) is 9 in 10 in 1	
PART 2 OTHER SIGN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
and	
willing and the No.	
190. DATE OF OPERATION 196. CONDITION FOR WHI CH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATHS	RED IN CERTIFY NG
E 5 2 3 2 / E   YES □ NO □ CAUSES OF DEATH?	
2 a AC DENT WAS LINDSPITING TO THE THE OF THE PART OF	
	)
TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [III either, notify med col examiner) P.M. 19	
2 2 Id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R FD No. (ity or Town Co.)	ity State
	31010
E = V . I INTWINE IT WITH —	
22a. I certify that (1) (this haspital) attended the deceased from 12-22 , 19 68, to 12-25 , 1968 saw the deceased alive on 12-25-68 19 , and that in (nym)c(our) apinion death accurred on the date an	, thatX(1) (we) las
saw the deceased alive on 12-25-68 19, and that in (nw) (our) opinion death occurred on the date an	d hour and from the
causes stated above (M (we) (did) (did not) view the bady ofter death	
22c DATE S	CMED
ATTENDING CO MED COSTAFE CO	T
DEGREE PHYS DIRECTOR PHYS 12-	25-68
22d. PHYSICIAN'S	27201
NAME (Type) Reynaldo Orjuela-Somez, M.D. 7620 York Road, Towson, Md.	11204
236 BURIA, CREMATION / 23b. DATE / 236 NAME OF LEMETRRY OR CREMATORY 23d LOCATION (LITTLE TOWN) / (COL	
TO THE TRUINING THE TRUIN OF TH	nty) (Stote)
236 BURIA., (REMATION.) 23b. DATY 23c NAME OF LEMETERY OR CREMATORY 23d LOCATION (Librar Town) (Col	(31016)
020 5 5 1 12/30/68 Wille hat Cen Bullo Co	(31018)
VR A15 VR A15 OF SULLE PROPERTY OF FUNERAL CONTRACTOR OF SULLE PROPERTY OF SURE OF SUR	

VR A15 (4) 30M REV 1/68

24 FUNERAL DIRECTOR

12-11-68

23b DATE

NAME (Type)

23a BUR AL, CREMATION.

BEHOVA Specify)

23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

Baltimore

23d LOCATION (City or Town)

2Sb REGISTRAR S SIGNATURE

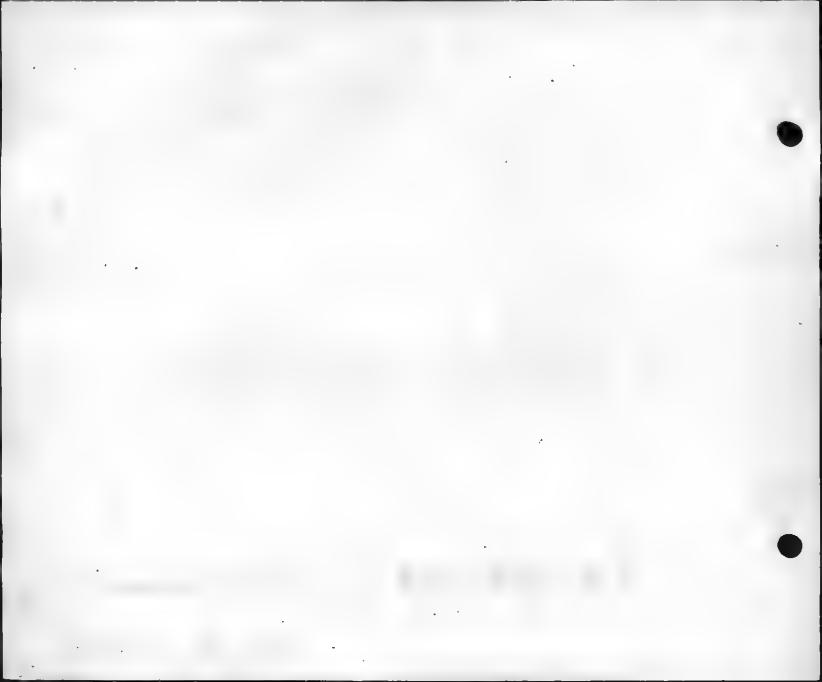
(County)

(Stote):

Ellsworth Armacost-4600 Liberty Hghts. Avenue



1 \	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1 70		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17048
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	oy Yeor 2b HOUR
lay is 3 to Poge Poge		TIELEN CARCIA DEATH MATED DEC.	251968 10 M
delay and 3 M3. Po	3 5		2d HOUR
pm3.		M. 446. 5 1905 63 YRS DEC 35	Year 1968 11 7, M
- CV 0-		BURTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	91-
orth ages vages in for ith for		WIDOWED DIVORCED JUNEAU STATEMENT	Md Md
ve I g wi		Seneca Pitruc (20) give street oddress SENECA PK. PD during most of working life, even if retired IN	26 KIND OF BUSINESS OR NDUSTRY
N = 0		USUAL RES DENCE (Where deceosed tiped, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 10th ISSIDE CITY OF TOWN 2328 FLEET	- S7.
	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		micHALSki ?	
		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIA. SECURITY NO 17 INFORMANT  ADDRESS  C. C	0.0
with part in p		(fyes give war or dones of service) 220-03-8470MRS, ANNA BROWN 558 SEI	NECATE NO.
1 1 = 10 E		18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN GNSET AND GEATH
be executed "pending" in ief Medical ( insit permit. I event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) H-S-C-L'-DISBAS Q	
X 2 X 0 +		4/37 DUE TO, OR AS A CONSEQUENCE OF	
d be d 'pe (Chief Iransit y even		rise to immediate cause (a). (b)	
al- al-		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e sho to the buri			
s a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vertificate writing t rwarded rsed as a	<u>~</u>	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES TO NO.
of to	E	210 EXTERNAL CAUSE WAS 216 T ME OF IN. JRY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
短 등 본 이		PRIMARY OR CONTRIBUTING HOUR A.M.	10 )
INER: T should b files. 3 should	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street). 21f. tOCATION Street or R.F.D. No. City or Town	County State
XAM tre th ge 4 your Your rage		WHILE NOT WHILE foctory, office building, etc.)	, note
<b>A</b> 90 - 00 - 00 - 00 - 00 - 00 - 00 - 00		22a. I certify that I taak charge of the remajor described above, held an Autopsy Inspection Inquiry	ond in my op'n an
please e direction retained DIRECT or to bu		death resulted from: Natural couses 🗹, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	]
please director retaine.		ACTUAL CH EF MEDICAL EXAMINER	
		SIGNATURE MD ASS STANT MEDICAL EXAMINER 1220 DATE SIG	NED 118 -
D DEPUTY Please the funeral direct may be retained FUNERAL DIRECT HEALTH PRINCE TO BE THE THE THE THE THE THE THE THE THE TH		EXAMINER'S MELVIN B DAVIS M. D  DEPUTY MEDICAL EXAMINER MARKE (Type) MELVIN B DAVIS M. D  DEPUTY MEDICAL EXAMINER MARKE (Type) MELVIN B DAVIS M. D  DEPUTY MEDICAL EXAMINER MARKET MARKE	GTOUR DUDGE
O DEPUTY necessory, the funera 5 may be O FUNERA Health pr	730		County) (State) 17
F = F	L	BURIAL DEC. 28,1968 ST. STANISLAUS (EM. BALTIMORE	MO
VR ATSME (5)	14	FUNERAL DIRECTOR ADDRESS 25-25 250 RECID BY REGISTRAR 25b REGISTRAR'S S G	NATURE
10M REV 1/68		AYMOND L. KACZOROWSKI FLEET STOEC 31 1968 Pollores	1



## FOR STATE EALTH DEPT.

PM3. Page any detay is artment of necessary, please execute the certificate, writing the word "pending" in pencil in Item Ja-Give Pages. **DICAL EXAMINER:** This certificate shauld be executed within 24 hours after death Z along the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Offig

TO DEPUTY

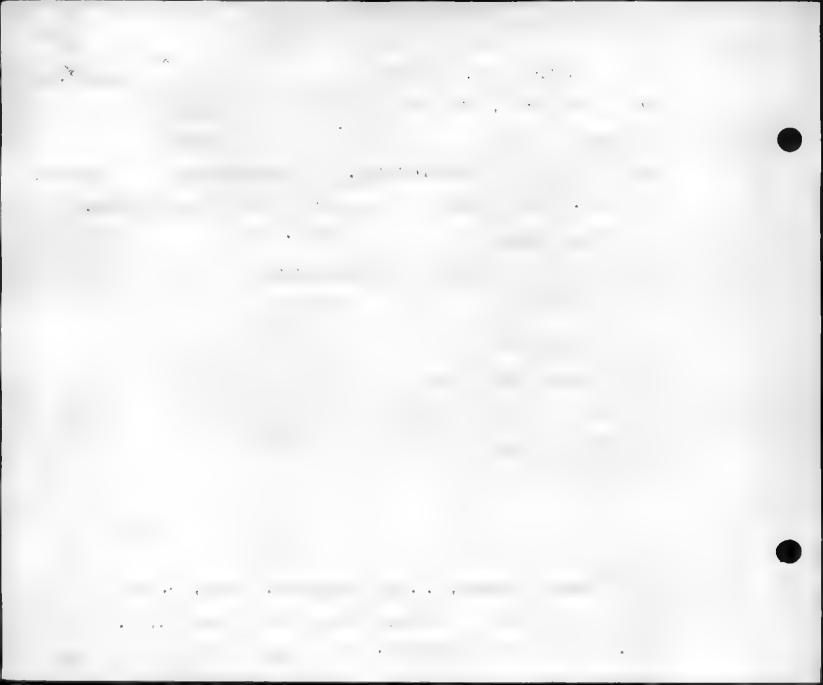
VR A15ME (5) 10M REV 1/68

5 may be retained far your files. **10 FUNERAL DIRECTOR**: Page 3 should be used as a burial-transit permit. File pages 1 and switth the State Del Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17049

										-			
	ECEASED-NAME Type or Print)	fin		T-T T	M.ddle		Ł	fa		2g. DATE KNOWOC ESTI-		lay 1 7	25/190489
				Wesley						DEATH MATED		ber Z	
3 5		4. RACE		OF BIRTH	. Inc.	E (In years birthday)	F JNDER 1		UNDER 24 HRS	2c DATE PRONOUNCED		W	2d HOUR
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	BIRTHPLACE (Stot		76 CITIZEN	OF WHAT COUN	TRY?	8. MA	RRIED 🔀 NEV	R MARRIED	9. C	DUNTY OF DEATH			
	try) Mary		US.				OWED [	DIVORCED		Baltimore			Md
10. (	ITY OR TOWN O			11 NAME OF				sp+ta	12a USUAL	OCCUPATION (Kind of wor	k done 12	b KIND OF E	BUSINESS OR
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	USUAL RESIDEN		ised lived, if	institution Re	sidence befare			1	DE CTY LIMITS?	The stitle this iterito	ER		
L°	omissian) STATE	Md.	136, 000	JNIY Balti	more	Es	sex 21	221 YES	□ NC 🚾	x 810 Amo	liff	Rd.	
14 1	ATHER'S NAME	First		Middle	Last		15. MOTHER				ile	1	Last
	(	George C	arlan	đ			Ma	ry E.	Davi	5			
	WAS DECEASED EV	ER IN U.S. ARMED	FORCES?	16b. 50	CIAL SECURITY I	NO.	17. INFORMAN			ADDRESS	5		
(1	No ar unknov	VN) (If yes go	e wer ar dates of	527	01 63	32	Betty	Garl	and	Same			
		DEATH (Enter a	nly ane causi		- 75		73		-	//	^		MATE INTERVAL HISET AND DEATH
	PART I. C	DEATH WAS CAUS	ED BY:	1/6/	ul	1	DIU	w	4 (	CHILAU	~	BE FEET OF	ISCI AND DEATH
	411	Mach	ATE CAUSE (o	TO, OR AS A CO	INSECUENCE OF	A	0 0 3						
	Canditians, if o	Candirians, if any, which gave											
	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF												
	lost.												
	PART 2 OTHER	SIGNIFICANT CON		TRIBUTING TO F	FATH RUT NOT	RELATED	TO THE TERM	NA: DISEAS	E OR CONDE	ION GIVEN IN PART 1(a)			
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I ON	190 DATE OF C	PERATION		19b. CO	NDITION FOR 1	WHICH OP	ERATION					20 AUTO	PSY?
2		-		W	AS PERFORMED	?						YES F	NO VI
CERTIFICATION	210 EXTERNAL	CAUSE WAS		IME OF NJURY	Manth, Day, Yea	of 2	21c HOW INJU	RY OCCURR	ED (Enter no	Hure of mount in Part 1 or	Part 2, Item	18.)	
		R CONTRIBUTING		IOUR A.M. P.M.	10-	-			_				
MEDICAL	CAUSE OF DEAT		PLACE OF IN	IJURY (At home	form street		21f LOCATION	Street or R F	D No.	City or Town		Caunty	State
	WHILE	OT WHILE T	octory, office	building, etc.)	, , , , , , , ,	1			~	/		,	,
				Cit	1 21	1	1.11	A		. 2	. 57	1.1	
		certify that I	-		All I		_	_ ' ' '		/ / / /	luiry 🔀	ong in	my opinion
	death re	sulted from:	Natura	ouses A	Accider	nī [],	Suicide [		micide	], Undetermined n	nanner [_	7	
	ACTUAL	the	acit	フロリ	A				DICAL EXAM			/	, ,
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00											Lobolis		//
230	BURIAL, CREMA REMOVAL (Spec	4.3	DATE		23c NAME OF					d LOCAT ON (City or Tow		lounty)	(State)
24	HINERA DIRECT		2/5/6	0	Meadow		e Memo				Md.	h. aTHP!	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17050

DAYS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

IF UNDER I YEAR

**INDUSTRY** 

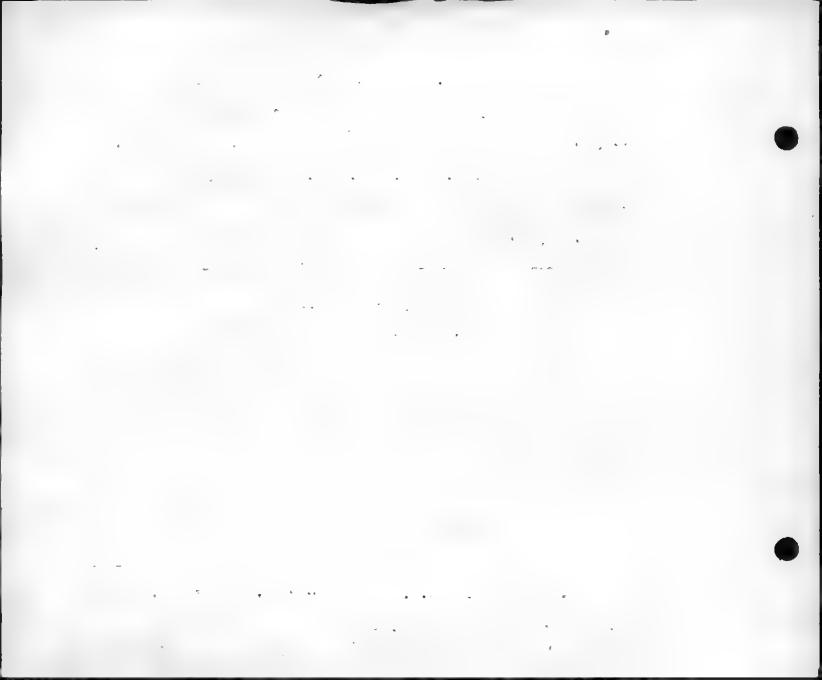
MONTHS

2b HOUR

HOURS

17030 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle. 20, DATE OF DEATH (Type or print) LESLIE **GTBSON** 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthooy) FEMALE March 2nd 1896 White or removol, and in any event, within 72 haurs 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) WIDOWED I DIVORCED [7] BALTIMORE Baltimore. Md 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done GREAT. BALT. MED. CEN. during most of working life, even if retired ) signed by the attending physicion and completely f buriol-transit permit. Then please remave carbon TOWSON 13d. INSIDE CITY DIMITS? 13e STREET AND NUMBER 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, City OR TOWN requires that the death certificate be executed 136. COUNTY YES 🚤 NO 4 Upland Road Relto Maryland 14. FATHER S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Albaugh Mary Hall Boblitz William A. 17 INFORMANT 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown) 214-20-6304 Mr. David C. Gibson-4 Upland Road no 18. CAUSE Of DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiorespiratory Failure cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) Carcinoma of Breast with Metastasis rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? NO 💂 YES 🔲 detoched for use te Dept. of Health by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) PM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town While Not while at work 220. I certify that XI) (this haspital) attended the deceased from 11-09, 19.68, to 12-28, 19.68, that XI) (we) last saw the deceased alive on December 28, 19.60, and that in (my) (347) apinion death occurred on the date and hour and from the Poge 4 moy be retoined couses stoted obove, M) (we) (did) (did) rot) view the body after death. 22b. SIGNATURE director, page 3 should be filed w DIRECTOR 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) 6701 N. Charles St. Chang-I Lin 230 BURIAL, CREMATION REMOVAL (Specify) Cremation 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Greenmount

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) County State 22c DATE SIGNED 12-28-68 21204 23d. LOCATION (City or Town) (Stote) (County) Baltimore tchell-Wiedefeld Home-6500 York Rd. 21212 250. REC'D BY REGISTRAR DAJAN 3



,	1 -	+	إسك	DIVISION OF STATIST	8/68MAR'	YLAND STATE DE Arch and record	EPARTMENT OF H S, 301 W. PRESTON	TEALTH STREET, BALTIM	ORE 1, MARYLAND				
£	트2부			17011		CERTIFICAT	E OF DEATH		17051				
24 hours after death.	led in by the funeral per feet 1 and 2 2 2 Anous after death.		1.	PLACE DF DEATH a. COUNTY  Baltimore b. CITY DR TDWN (if outside corpo write RURAL and give nearest t  Reistenstown d. NAME OF HOSPITAL OR INSTITUT	ION (if not in h	MARYLAND  c. LENGTH DF STAY IN 1b  copital, give street address	a. STATE  c. CITY DR TOWN (IF 06  Reisterst  d. STREET ADDRESS	b. CDL Land tside corporate limits, v	nstitution: Residence before admission) INTY  Baltimone.  vrite RURAL and give nearest town)  0. IS RESIDENCE DN A FARM?				
	Pap Fifth	, 3	3.	119 Glyndon Drive		\$ 10 × 10 × 10	119 Glyndon		YES ND				
xecuted within	complete carbon	72		DECEASED (Type or print)  SEX  6. CDLOR OR RAC	- 1	Gill		DATE Mon	per 5, 1968 19				
ecute	o a a a	1	7	amale White	7. MARRIED WIDDWED	NEVER MARRIED	Jan. 11, 1898	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.				
0	sician and ease remo and in any		1Da dur	. USUAL OCCUPATION (Give kind of woing most of working life, even if reti	rkdone 10b. K red) II			ly & State, or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY?				
fi≣ate	phy ld ng ly sval,			FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
deat≣ certifi≣ate	le attendin∥ physician permit. Then please r ition, or removal, and in		15. (Ye	hn L. lawney WAS DECEASED EVER IN U.S. ARMED L. no, or unkown) (If yes give war or date None	FDRCES? 16.	SDCIAL SECURITYND. 17.	INFORMANT Family recor	Addr	Address				
that the de	lan. d by tlle al ransit pern cremation,			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE CAUS	BY: / /	ine for (a), (b), and (c).]	cinomal	120	INTERVAL BETWEEN DNSET AND DEATH PAGE 110 PT				
rmguires th	tending prysician.  as been signed by till  as the burial-transit t  prior to burial, cremati			Conditions, If any, which gave rise to immediate	(c)	Gastrie	adenio	Tar (un)	7-				
a law	atten e has se as th pric		TION	PART II. DTHER SIGNIFICANT CONDIT		JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DIS	EASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Ĕ.	far or at ificate h for use Health p	, 6	FICA	15/X	- L 005	PEOPLE HOW INTERPT ORD	Welson Wales	1	YES ND				
SICIAN	the hospit this certi detached f te Dept. of		L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE DF DI (IF EITHER, NOTIFY MEDICAL EXAM	EATH MINER)		URRED. (Enter nature of In		·				
VIII DN	d by the After thi d be deta State Do		MEDICAL	20c. TIME DF INJURY Month, Day Hour a.m. p.m. 1	While	- Not While - fact	ACE OF INJURY (Home, farm, ory, street, office bidg., etc.)		(County) (State)				
EN I	2 2 2 3 3	H		21. I certify that (I) (this ho	spital) attendo	ed the deceased from_	7-16,196						
L OR ATT	rage 4 may be reta  5 FUNERAL DIRECTO  6 Grector, page 3 sho  should be filed with 1			saw the deceased alive on_ 22a. SIGNATURE	Se	1-			s and on the date stated above.    22b. DATE SIGNED   / 2 - 6 - 8				
HOSPITAL	ERAL or, p	ş		22c. PHYSICIAN'S NAME (Type) Phili	p Berns	tein. M.D.	22d. ADDRESS	lev Drive.	Reisterstown, Mc				
NOS	rage 4 n D FUNERA director, should be		23a	BURIAL, CREMATION, 23b. DAT		23c. NAME OF CEMETER		23d. LOCATION (City,					
5,	E 2 2		24	REMOVAL (Specify)  Wial  FUNERAL DIRECTOR	7,1968	Grace-Falls &	Road Meth Cem	Cockeysvil	REGISTRAR'S SIGNATURE				
VR	A15 (4)		0	John Burns' Sons, i	Towson,	Maryland	DATE DE C		Mayles Under				



1/65



2b. HOUR 12:35A

11, 1968

	April 1	704	3	DIVISION	OF VITAL			PRESTON S			E, MARY	LAND 2120	1 1'	705	3	
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3. S	EX	FEMAI	E	4. RACE	WHI TE			S. DATE OF JUNE	BIRTH 30, 19	900	6.	AGE (In years los (Brinday)	MONTHS FUNDS	R T YEAR DAYS	IF UNDER	24 HRS Mily
cou	ntry)	POLAN	D	U.S	F WHAT COU		WIDOWE	hp.mgd	ORCED 🗌		INTY OF DE					Md
	1	TOWN OF DEA			give s <b>591</b> adi	JOSEPH	HOSE	nat a hospita ITAL				nd af work di Reven fretire		KIND OF USTRY	BUSINESS	OR
odm	kssion) M	RESIDENCE (WELLAN	D	3b (OU)	ITY		BALTI	MORE	AEZ <b>K</b>	NO 🗌		BELFO	RD RD	#2	2120	6
	FATHER'S	Ant	irst thony	Mid	Ru	.ost <b>szkiew</b> :	icz	IS MOTHER'S		gdeli.	ne	Middli		Kli	las! m <b>as</b>	
		FCEASED EVER or unknown)	IN U.S. ARM (If yes give w	ED FORCES? or or dates of servi	Al la	-01-71		informant Mr Ster	hen S	Gizi	inski	Addres S	ame			
	Condition is a total state of the state of t	ans, fahy, w immediate c the undersys	hich gave ) ouse (o),( ng cause	DUE TO DUE TO, (t)	OR AS A CON	SEQUENCE OF IGESTIV ISEQUENCE OF HEPATO	TE HEA	C HEAR	LURE					APPROXIM	LATE INTERY	
RECALON	4	OTHER SIGNI				DEATH BUT NO		TO THE TERMIN	OPSY?	OR CONDIT O		S, WERE FINDIN	GS CONSIDER	ED IN CE	RTIFY NG	i
MEDICAL CERT FICATION	OR CO	CODENT WAS DATE BUTING OF er, notify med Not while	CAUSE OF DEATH	er) HOUR	P.M.	DOY YEOF 19 FARM, STREET, FAC BILDING, ETC.		HOW INJURY O		_	City ar	n Port I or Por Town	t 2, Item 18 Coun		St	tote
	22a. I	Not while of work  I certify the aw the decauses state	at <b>(f)</b> (thi	s hospital)	attended ECEMBE		ed framDe	deoth					22t DATE S	GNED		
		HYSICIAN S AME (Type)	MARC	ISO LO	)BO, M.	D.	DEC	GREE PHYS  22e. AL			Road_	Tows	Decembon, Mo			
	REMOV Bur	CREMATION, AL (Specify)	23b C	2/14/6		3c NAME OF Carden					Balti	Cty or Town)	aryla	nd	(State)	
24.		DIRECTOR	J Ruc	k Inc	Balt	ADDRESS imore,	Mary.	land	25a REC	D BY REGIS	1 196	2Sb. REGISTR	AR'S SIGNAT		der.	

thereing bhyskian and campletely filled in by the funeral times. Then please remove carbon copers, Pages 1 and 2 and 2 and 2 are femoval, and in any event, withing the instance death.

O FUNERAL DIRECTOR: After this certificate has been signed by the attacked rector, page 3 should be detached far use as the burial-fronsit powrit. Shauld be filed with the State Dept. of Health prior to burial, cremation, are

VR A15 45M 1

TO HOSPITAL OR ATTENDING FINYSICIAN: The low requires that the Page 4 may be retained by the haspital or attending physician. ar removal, and in any event,

certificate be executed within 24 haurs after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17054 CERTIFICATE OF DEATH 1. DECEASED-NAME First M ddle Lost 2g DATE OF DEATH 2b. HOUR (Type or print) Month LAURA TESSIE GODD ARD 5. DATE OF BIRTH 3. 5EX 4. RACE 6 AGE (In years IF UNDER I YEAR 12-11-10. lost buthday) 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or fereign 8 MARRIED NEVER MARRIED country) BALTIMIRE WIDOWED [ DIVORCED | IN CITY OR TOWN OF DEATH 120 JSUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) SPRINGROVE STATE HOSPITAL during most of working life, even if retired ) CATONSVILLE HOUSEWIFE 130. USJAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER requires that the death certificate be executed. admission) STATE 2322 A SydNEY AVE MA WE STPORT YES W NO D 14. FATHER S NAME 15 MOTHER 5 MAIDEN NAME First 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ( 1 yes give war or dates of service) Yes, pp. or unknown) X20-09-6315 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))
PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) CARDINE ARREST. DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, (Pany, which gove) BIL'YECARDIAL - INFARETION nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause () GENERALIJED ARTERIUSELERITIO HEART-DISEASES PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) hos been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year f either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State White Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 3 - 25., 1967, to 12-17, 1965, that (1) (we) last causes stated above, (1) (we) (did) (didaget) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN S A.FEZIPE NAME (Type) SPRING-GROVE-STATE HISPITAL director, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (State) 23a BUR AL, CREMATION, (County) orraine T oralaun 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 TUNERAL DIRECTOR DATE DEC 2 0 196B Ochanda 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17045 CERTIFICATE OF DEATH 17055 DECEASED-NAME Middle First Lost 2a. DATE OF DEATH and 2 (Type or point) AUL.A 3. SEX 4 PACE 6 AGE (In years IF JMDER I YEAR last burthdoy) 7a 81RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED Baltuyone DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR requires that the death certificate be execufed within AT HOME during most of working life, even if retired ) bunal, crematian, ar remaval, and in any event, 13o USUAL RES-DENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN J3e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 6726 Lone 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First physician and HIDREIS au Flau AN 11/ A02 V 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Address Yes, no, pt unknown) MR. HENRY H. GOLD. 6726 LONGHILL ROAD 213-28-9791 the attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ERITONEHL IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF VE WORRHINGIC Conditions, if any, which gave) signed by the burnal-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause MANTICO AGULIAN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 9a. DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY2 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9 CAUSES OF DEATH? YES 🕡 a for use of Health O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TAME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 218. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21d. INJURY OCCURRED 21f LOCATION Street at R.F.D. No. City or Town County State While Not while at work at work couses stated abave (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE 4 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S UNWERSON HOSP. director, g 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION (County) MIKRO KODESH-BETH ISRAEL BALTIMORE, MARYLAND 12-10-68 2So REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 LEVINSON & BROS., 6010 REISTERSTOWN ROAD 1968 REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17056 CERTIFICATE OF DEATH I. DECEASED NAME First 20 DATE OF DEATH 2b HOUR (Type or print) Samue 6. AGE (In years 3. SEX 4. RACE IF LINGER 1 YEAR last birthday) MALE 2-22-02 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED RUSSIA U.S.A. DIVORCED [ WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) County General (top) during most of working life even if retired.) RANDALLS BOWN to 13a USJAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LAMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Baltimore 9 Cobblestone Ct 14 FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Victor Goldberg Bell not known 16b SOC AL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no prunknown) (If yes give war at dates of service) 283-10-2354 MR. BERNARD KLEGER. 8808 ALLENSWOOD ROAD 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? YES NO [ 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH
(If either, notify medical examiner) HOUR A.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive on Dec 17 19 67, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE V M CV - DEGREE 22d. PHYS CIAN 5 22e ADDRESS UAMASIN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION, BALTIMORE, MARYLAND 12-13-68 SHAARET TFILOH DATE DEC 1 8 1 SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed

VR A35 (4)



MARYLAND STATE DEPARTMENT OF HEALTH 17047 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17057 2g. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR 13 death. within 24 hours after death. and 7 2 Month 05 (Type or print) Anna Jal Aman Day 9:40 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Thite Female lost birthday HOURS 1-30-90 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH **7b CITIZEN OF WHAT COUNTRY?** 8 MARRIED [ ] NEVER MARRIED [ ] country) Run sin Baltimore WIDOWED F DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Rindill . oin during most of working ife, even if retired) INDUSTRY Gen Haan 12 k event. 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 1/3c. CITY OR FOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed Camp admission) STATE C'. 13b COUNTYI 1. Harrison ave. YES [ remaye signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, or remaval, and in any IS MOTHER'S MAJDEN NAME First 14 FATHER S NAME Middle Lost Lost n/a 66b. SOCIAL SECURITY NO 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c).)
 PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar tal 4701 TENDING PHYSICIAN: The law 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy (if either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d HNJRY OCCURRED City or Town Caunty State Whe Not while at work 22a I certify that (I) (this haspital) attended the deceased fram\_ ŧα \_\_19\_68, and that in (my) (aur) apinion death accurred an the date and hour and from the saw the deceased alive an-Page 4 may be retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22C DATE SIGNED O HOSPITAL OR DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) director, shauld 23d LQCATION (City or Town) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) CREMOVAL (Sp.C.Ty) FUNERAL DIRECTOR



O FUNERAL DIRECTOR: After director, page 3 should be fried v

225 SIGNATURE arrus

22d PHYSIC ANS

23a. BURIAL CREMATION,

BEMOVA (Specify)

NAME (Type)

Saruel 6. H. Lee, M.D.

12/24/68.

7620 York Rd. Towson 4, Md. 23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

PHYS

DEGREE

**ADDRESS** 

ATTENDING.

23d. LOCATION (City or Town) Baltimore, Md.

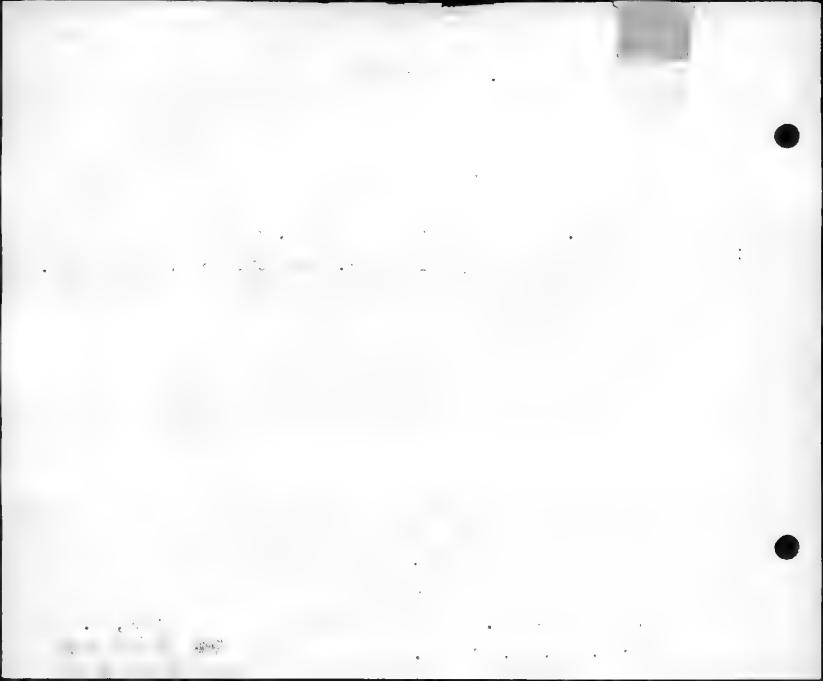
(State) (Yfnuo))

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214

MED DIRECTOR

TO BY REGISTROOM 250 POLIFAR SUGNATURE

22c DATE SIGNED 12-21-68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17059 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. pue (Type ar print) Robert hin 24 haurs after 3 SEX TELINDER 1 YEAR 6 AGE (In years lost birthdoy) DAYS HÖLIRS 7c BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? washington, D.C.Z/ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION ( finot in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Chespienke Manaduring most of working life, even if retired) INDUSTRY Metely Towson 130 USLA, RESIDENCE (Where deceased lived, if institution; Residence before 13a, STREET AND NUMBER TELL TIMES THE CITY TOWARTS? requires that the death certificate be executed I'Sh COUNTY YES 🔀 NO physician and cam remave and in any 14 FATHER'S NAME ES. MOTHER'S MAIDEN NAME First Middle Lost Charles F. Goodell Ada Graham please 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) or remayal, Eleanor Goodell, 5648 Woodmont Ave. 21212 215 07 8869 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) MASCULAR DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 39g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ the haspital or 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M TOR CONTRIBUTING TO CAUSE OF DEATH (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark at wark , and that in (rxy) our) apinian death accurred on the dote and hour and from the be retained director, page 3 should should be filed with the causes stated above (1) (we) (did) (and not view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e, ADDRES NAME (Type) 23b DATE 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY (County) (State) REMOYAL (Specity) Dec. 28,68 Mt. Olivet Frederick, Md. 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** 2Sa RECD BY REGISTRAR VR A15 (4) DEC 3 Wm. Cook-Brooks Towson, Towson, MD. 21204 30M REV. 1/68



and 2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

## MARYLAND STATE DEPARTMENT OF HEALTH

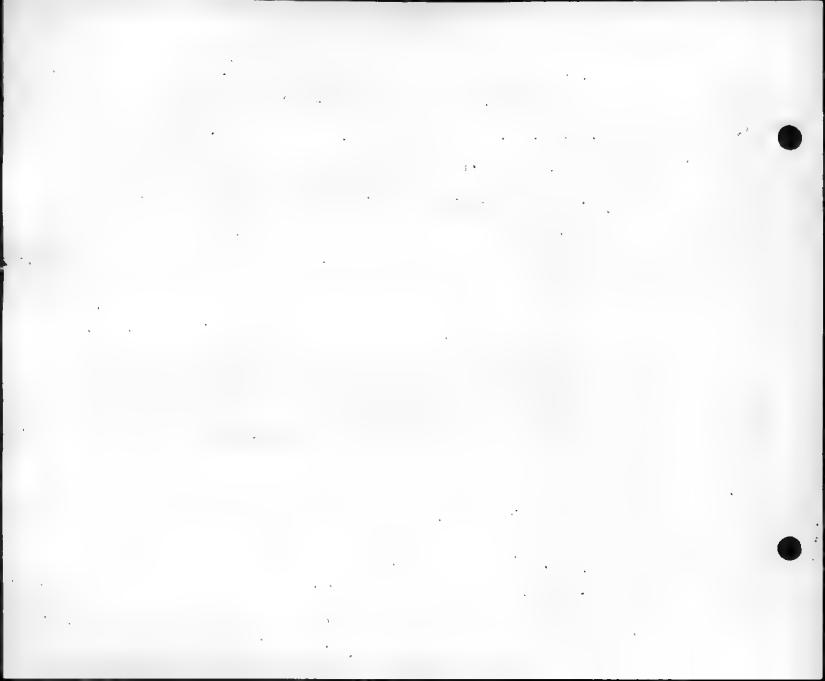
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

-1	m	n	Z.	n
1	-6	U	D.	U

- 1											
		CEASED-NAME  ype or print)  R	first 0518	Middle	6	OLE	20 DATE OF DE	ATH Month Day	Year	25. HI	OUR AM
ı	3 SE		4 RACE Cauc	2.	5 2	DATE OF BIRTH 2-21-1882	6.	AGE (In years as Bighthdoy)	IF LINDER I YEAR HIDNEYS CAYS	IF UNDER 2	4 HRS.
	7o. E	RIRTHPLACE (Stote or foreigney) Frederic	gn 7b CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	METER MARKIED	9 COUNTY OF DE Balt	imore			Md.
		ITY OR TOWN OF DEATH Reistertown	Rd. 9	NAME OF HOSPITAL OR INST ve spengddress) Bent	Nursir	in hospital 12a USUA I.g. Home during ma	L OCCUPATION (Ki ast of working life	nd af wark dane , even if retired)	126 KIND OF E INDUSTRY	BUSINESS C	JR .
	13o. admi	USUAL RESIDENCE (Where ssion) STATE Md.		Baltimore	Jac GTY OR TO Finks		MITS?   13e. STREET	AND NUMBER Rural			
·	14. F	ATHER S NAME First Will	Middle iam Ford	a Lost	IS. I	AOTHERS MAIDEN NAME F Loretta		Middle		Lost	
		WAS DECEASED EVER IN U	J.S. ARMED FORCES? yes give war or dates of service)	166 SOCIAL SECURITY NO. 217 18-991.		ormanī .ter F. Grov	er,524 F	Address airview,	Baltimo	2122 re,	.4 24 <i>24</i>
		PART I. DEATH WAS  Let Let	CAUSED BY.  MMEDIATE CAUSE (o)  DUE TO, O  (b)  (c) (c) (c)  DUE TO O	IT line (G), (b), and (c).)  Or 42 LA  OR AS A CONSEQUENCE OF  OR AS A CONSEQUENCE OF	Ste	at daile	u - Ch ineraly	ronic		ATE INTERVA ISET AND DEL	
		stating the underlying last.  PART 2. OTHER SIGNIFICA	(c)_	IBUTING TO DEATH BUT NOT	RELATED TO 1	HE TERMINAL DISEASE ORC	ONDITION GIVEN IN	I PART I(o)			
2	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?  YES NO	20b IF YES	S, WERE FINDINGS CO DEATH?	ONSIDERED 'IN CE	RTIFYING	
	MEDICAL CER	27a. ACCIDENT WAS UND  ☐ OR CONTRIBUTING ☐ CAUS  (If either, notify medical	exominer) HOUR A.	M. 19		INJURY OCCURRED (Enter					
		21d INJURY OCCURRED While Not while at work of work		AT HOME, FARM, STREET, FACTE OFFICE BUILDING, ETC	0		~ 1	,	County	Sto	
		sow the deceo	sed olive on	ottended the deceosed 19 d) ( <del>did not</del> ) view the b	ond/ کی	hot in (my) ( <del>our</del> ) opi	<u>ره کال ,</u> to <u>pکال می</u> nion deoth occi	urred on the do	(a) that te ond hour a	(I) (yus and fron	) lost n the
		22b. SIGNATURE  22d PHYSICIAN S	Wille	ans VI	<b>L</b> DEGREE	ATTENDING PHYS D		TAFF D 226. I	DATE SIGNED	68	
	<b>2</b> 30.	NAME (Type)  BURIAL, (REMATION,	23b DATE	23c NAME OF CE			23d LOCATION (	City or Town)	(County)	(State)	le c
2		REMOVAL (Specify) FUNERAL DIRECTOR	12-21-68		view Me	thodist 250 RECD B	Towson Y REGISTRAR	25b. REGISTRAR'S	ore, Md.		04
V						DANG U	00M 6 ~	X COURT	En Vacada	St.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the farled of director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72-bours after death. Page 4 may be retained by the haspital ar attending physician. 30M REV







## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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completely filled in

er death s Peges 1 and 2

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon paper, should be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72.

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(T	Ype or print)	First JOHN	R	Middle RAYMOND		Lost GRITZ		20 DATE C	12 Month 28		68 Year	7 <sup>26</sup> 3	O a M
3. SE	MALE			White		5 DATE OF B	7, 1590	<b>2.1</b> 90	6. AGE (In year lost perhady)	yrs M	F JADER 1 YEAR SONTHS DAYS	HOJŔS	24 HRS Min
7o B	BIRTHPLACE (Stote o	r foreign Land	75 CITIZEN OF WHAT	COUNTRY?	8. MARR WIDOW	IED 🔭 NEVER MA /ED 🔲 DIVO	RCED 🔲		rimore c				Md
	TOWSON		GREA	OF HOSPITAL OR INS		(If not in hospital D. CEN.	dur ng m	AL OCCUPATIO ost of workin <b>Lreman</b>	N (Kind of work a g life, even if refi l	done red)	12b KIND O INDUSTRY	F BUSINESS	OR
130. odmi	USUAL RESIDENCE ( ission) STATE N	Where deceose	13b COUNTY Bal	Residence before timore		or town timore	YES NO		TREET AND NUMBER 37 Woods		Avenu	le	
14 F	FATHER S NAME	First ntony	Middle (	ritz Lost		IS. MOTHER S M		ena.	Mide	lle	Dei	tz.	
16o. Y	WAS DECEASED EVE (es, no. or unknown)	R IN U.S. ARM	or our distance of enough	SOCIAL SECURITY N L5-24-404		17. INFORMANT Mrs. Mai	rgaret	M. Gri	Addr t2	ess	(Same		
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave itse to immediate cause (a).  Storing the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF  (c)											ONSET AND DE	
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)    C							INGS CON	ONSIDERED IN CERTIFYING				
MEDICAL CE										em 1B.) County	St	tote	
	sow the couses st	deceased of	s hospitol) ottend ive on <b>Decemb</b> , <del>(1)</del> (we) (did) ( <b>sk</b>	er 28. 1	9 <u>68</u> , ody of	ond that in <b>¢a</b> ter death.	7, 19 <u>6</u> 7) (our) opi	8, to inion deoth	occurred on the	., 19 <u>63</u> ne dote	8, tho e ond hour	t (A) (we ond fro	m the
	226 SIGNATURE  LACO  226. PHYSICIAN'S	rdo (	nC	anila		DEGREE PHYS.	ا ليا	AED DIRECTOR	STAFF PHYS.	22c. DA	SIGNED	14	
230	NAME (Type)		DUARDO M.			D. 67	Ol N.				204 (County)	(Stote)	3
	30. BURIAL (REMATON, REMOVED 12/31/68. 23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery Baltimore									, Md.	(31018)	,	
24. ]	funeral director Leonard J	• Ruck	, Inc. Bal	Lto. Md.	212	Ūι	2So. REC D E	REGISTRAR	68 REGIS	TRAR S SI		بهد	9



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17064

FOR ST	TATE
HEALTH	
5 0 B	10

e Department O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 haurs after death necessary, please execute the certificate, writing the ward "pending" in pencil in Item 14 Sive. Pages 1, the funeral director Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 5, so the penting of the chief Medical Examiner's Office along with farm

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pages	hours
Fig	72
ermit.	within
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0 2	and
TO FUNERAL DIRECTOR: Page 3 should be used as a burial transit permit. File pages I and Zwith the State	Health prior to burial, cremation, or removal, and in any event within 72 hours after death.
9	D.
shot	tion
TO FUNERAL DIRECTOR: Page 3 show	стето
CTORE	burnal,
RE	0
RAL D	prior
FUNE	lealth
2	X

	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
	ECEASED-NAME First Middle Lost 20 DATE KNOWN   Month	Doy Year 2b HOUR									
(1	Type or Print) CHARLES R. LIROSS DEATH MATED DEC	20106910AM									
3 51		2d. HOUR									
L	M NAY 25,1896 72 YRS DEC 20	Year 19 68 1/HM									
	BIRTHPLACE (Stole or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8 MARRIED THEYER MARRIED 9 COUNTY OF DEATH										
เตบา	MINDOWED DIVORCED BALTIMORE	Md									
10 (	TY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR									
	=>5=X 2224 MONACY RD	INDUSTRY R.R.									
	JSJAL RESIDENCE (Where deceased I ved, if institut on Residence before 13c. CITY OR TOWN 13d. HISTOR CITY LMITS? 13e STREET AND NUMBER										
<u> </u>	dm ssion) STATE MD 13b COUNTY BALTC. ESSEX YES NO ET 2224 MCR	ocach Bo									
14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost									
	DAVID GROSS ANNA WALDEMEYER										
	WAS DECEASED EVER IN U.S. ARMED FORCES?  (bs. no. or unknown)   If yes give were or detect of service)   16b Social Security NO   17. INFORMANT   ADDRESS	BOVE									
`	(8s, no, or unknown) It yes give wen or dotes of service) M.A. DE ERC.S.S. I.										
	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH									
	IMMEDIATE CAUSE (o)										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, If only, which gove need to immediate couse (a), (b)										
	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	last. (c)										
	ARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
2	Mabeta Milliam -										
MIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?									
CERTIFICATION		YES NO									
	210 EXTERNAL CAJSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	m 18.)									
MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PM 19										
MED.	21d IN.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State									
	WHILE MOT WHILE Foctory, office building, etc.)										
	22a. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion									
	deoth resulted from: Natural causes [1]. Accident [2], Suicide [2], Homicide [2], Undetermined manner [	!									
	ACTUAL MISS ACTUAL CHIEF MEDICAL EXAMINER (1) DATES	101100									
	SIGNATURE MD ASSISTANT MED CAL EXAMINER L	IGNED / / S									
	EXAMINER'S MELVIN B. DAVIS 4-D DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) 6800 Trage	LAIGTON RP									
		A DEFENDENCE IN									
230	REMOVAL (Specify) 12/27/68	(County) (Stote)									
24	KE MENTE /	CHATURE									
14.		GNATURE									
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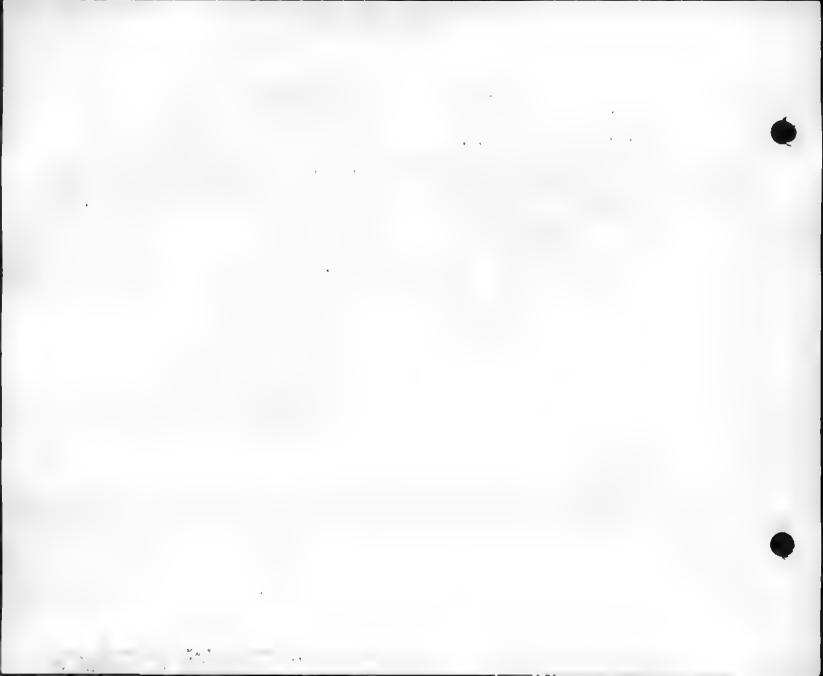
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17065 Item10 FilmG408 1/23/69 kk CERTIFICATE OF DEATH 2Ь. НОЦК Last 20 DATE OF DEATH DECEASED-NAME First Middle funeral 1 and 2 9c death. 24 haurs after death 12/28/68 (Type or print) ;am RICHARD GRUBE S. DATE OF BIRTH IF JADER 1 YEAR IF UNDER 24 HRS. 3 SEX 4. RACE 6. AGE (in years lost buthgoy) white 8/16.1897 male 7g. BIRTHPLACE (State or fore gn 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED country) USA WIDOWED [ D<sub>1</sub>VORCED Baltimore Germany pape 12a USUAL OCCUPATION (Kind of work done **10 FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papshould be filed with the State Dept. at Health priar ta burial, crematran, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within during most of working life, even if retired.)
Ave Carpenter INDUSTRY give street address) Baltimore contractor 13o. USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admissian) STATE 13b. COUNTY Balto Woodside Middle 1S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last Ernest Grube Wilhelminia Magel 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no ar unknown) (If yes give war or dates of service) 213 05 7362 records no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: CFREBRAL THECON BOS IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) CEREBRALL
DUE TO, OR AS A CONSEQUENCE OF EU rise to immediate cause (a) Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED City or Town Stote 2)e. PLACE OF INJURY County While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 3, 19, 62 to 12, 28, 19, 68, that (I) (we) lost saw the deceased alive on 12, 23, 19, 63, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the bady ofter deoth 22b SIGNATURE 22c. DATE SIGNED DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 8100 Leonard Pau' Harford Road Berger 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 23a Burial, CREMATION, BEMOYALIS BECHY) Parkwood Co. Balto 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR SON, 8802 Harford Rd. DATE JAN 30M REV



DATEJAN 3

VR A15 [4]

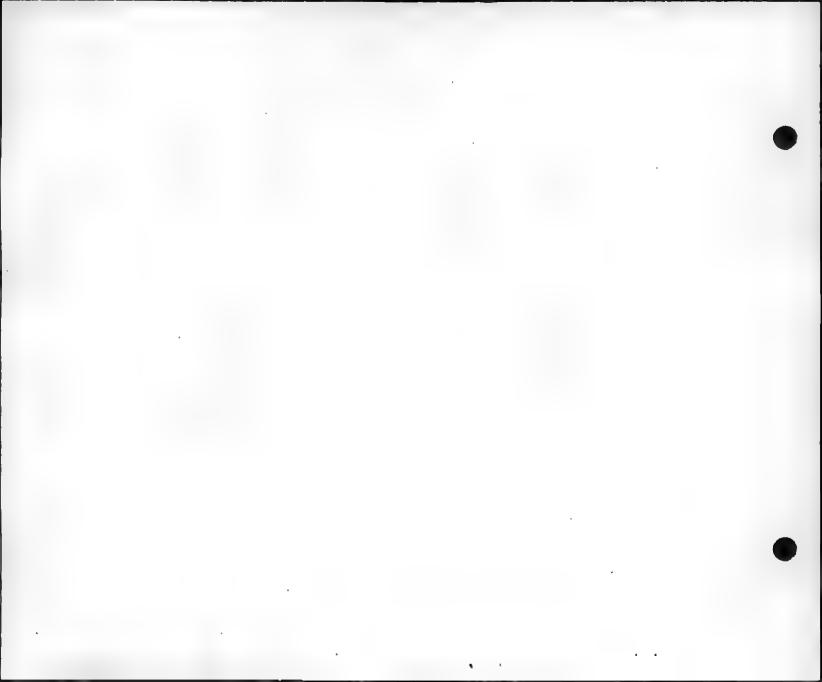
30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17067 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b HOUR DECEASED-NAME PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death SALVATORE (Type or print) IF UNGER I YEAR IF UNGER 24 HRS. 6 AGE (in years 30 Cec+ 1881 last birthday) GAYS 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) ISALTIMORE DIVORCED [ WIDOWED F 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12b KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH INDUSTRY give street address) during most of working ife, even if retired ) BALTO RYEAL 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before said swilde city emultish 13e STREET AND NUMBER admission) STATE/MARYLUM1/3b. COUNTY/Sel NO E MOTHER'S MAIDEN NAME First 14. FATHER'S NAME VINCENT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Jose Yes, no, or anknown) (If yes give war or dates of service) the attending physics is permit. They 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) there sclerotic Cardio vos en lun burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause last. 42 21 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has billin at the 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY? CAUSES OF DEATH? YES 🗔 of Health O FUNIRAL DINICTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY ī OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year If either, natify medical examiner) be detached 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY. \ 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work should couses stated obove (1) twe (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE poge 3 be filed DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type directar, shauldí 23c, NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City or Town) (County) BURIAL, CREMATION 23b DATE DEMOVAL (Specify) PARKWOOD 25g. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR VR A15. 30M REV.



	MARYLAND STATE DEPARTMENT OF HEALTH
1	17058 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 17068
ana z death.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Manth Day Year
*	Naom 1 L. Haas 12 7 68 121
	3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years   Funder 24 HBS 1 SEX 4. RACE 4. RACE 5 DATE OF BIRTH 9-9-1887 6 AGE (In years   Funder 24 HBS 1 MIN 1 MONTHS DAYS HOURS MIN
\$ C. 20	70 BIRTHP.ACE (State or fore.gn 75. C TEZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH WIDOWED DIVORCED DOWN OF DEATH
	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 2a USUAL OCCUPAT ON (Kind of work done give street address) Fox Laigh Missing most of warking te, even if retired)  12b KIND OF BUSINESS OR give street address) Fox Laigh Missing most of warking te, even if retired)
,	13a USUAL RESIDENCE (Where deceased lifed, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 152 13e STREET AND JMBER 212/2
,	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
	THOMAS LAMBDIN BARRINGER
1	
1	160 WAS DECEASED EVER IN US ARMED FORCES? Yes, popular inknown) (If yes give war or dotes of service) 215-10-5494Bbassie m. 5. Iverwood - 211 cedar eruft R
	THE CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  W. VCINDLO LOGIC  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	THE TO, OR AS A ESPASED JENCE OF
	rise to mined at ecause (a) (b) Att Thotalist Cliff Colored
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	PARY 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?  YES NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21d ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Spier parties of up up in Part Law Part 2 thems 18.)
	¥ES □ NO DR CAUSES OF DEATH?
ı	G OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year
	While Not while OFFICE BUNDING, ETC.
ı	220. 1 certify that (1) (this haspital) (attended the deceased from 1968, to 1968, to 1968, that (1) (we) last
ı	saw the deceased alive an 1963 and that in (my) (aur) opinion deoth occurred on the date and hour and from the
ı	causes stated above, (1) (we) (d.d) (did not) view the body after death.
ı	226. SIGNATURE DECRETE MEDICAL STAFF 120 DATE SIGNED DEGREE PHYS DIRECTOR DIRECTOR DIVIS 120 DATE SIGNED 12-7-68
ı	PHYSICIANS VICETOTE PO 11 NA DO DO 220 ADDRESS STORE STAGE HOSTS, TEL
	23a BJRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
	Burial 12/10/68 Loudon Park Baltimore, Md.
	H.W. Jenkins & Sons Co. 1905 York Rd. 250 REGISTRARS S GNATURE
	Balto 12. Md. DANIEL 9 1000 May lugge.





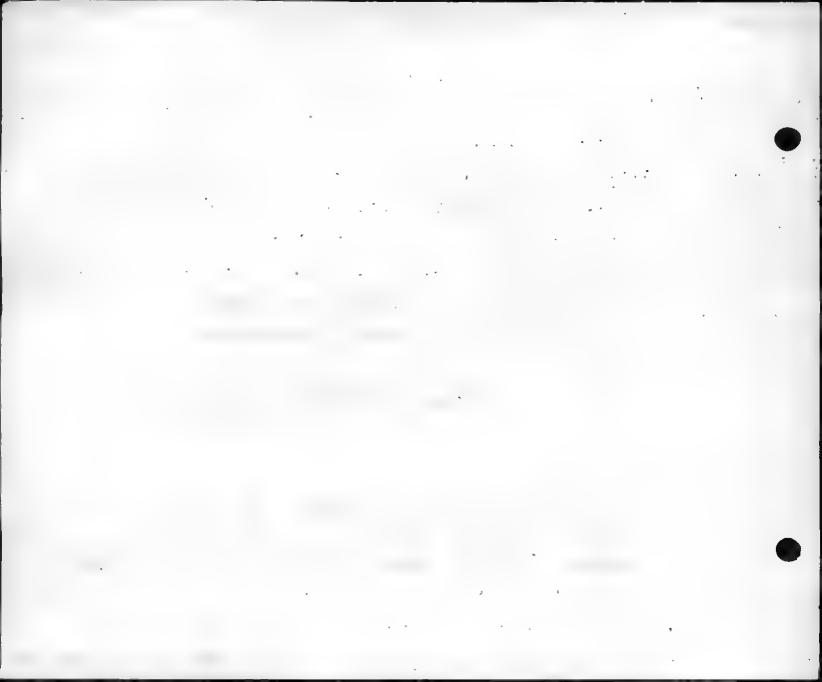
Pages 2 and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the fines director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. eter filled in

VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
	E OF DEATH									
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)									
Paltimone MARYLAND	a. STATE Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   8. IS RESIDENCE									
1707 Roland Avenue	1707 Roland Avenue VES NO IX									
3. NAME DF FIRST Gratt Middle	Last 4. DATE Month Day Year									
(Type or print) Joseph Grapp Hales  5. SEX   6. COLOR OR RACE   7. MARRIED TO NEVER MARRIED TO	8. DATE OF BIRTH 19. ACE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.									
M. I I'll	August 6. 1893 Thousand Months Days Hours Min.									
	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Unaltsman Balto://o. Corp.  13. FATHER'S NAME	Maryland USA									
Robert Hales	Jennie Picker Fricker									
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown) ((fyesgire war or dates of service)	INFORMANT Address									
Yes WH I 215-22-7720 M	ze E. Hales, Roland Ave. Roxton, Nd.									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH									
IMMEDIATE CAUSE (a)	ma guna Imo									
Conditions, If any, which (b)										
cause (a), stating the DUE TO										
underlying cause last. ) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY									
I CAT	YES NO									
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)									
Hour a.m. While Mot While facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ry, street, office bldg., etc.)									
21. I certify that (1) (this hospital) attended the deceased from V	13 195% to Dac 20, 1968, that (1)(we) last									
saw the deceased alive on 196 and tha	t death occurred at 3AM, from the causes and on the date stated, above.									
22a. SIGNATURE	ATTENDING THE MED. STAFF 122b. DATE SIGNED									
22c. PHYSICIAN'S NAME (Type)	D. PHYS. DIRECTOR PHYS. 11/4/10/6000									
23a. BURIAL, CREMATION, 23b. DATE THEREDF   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)									
Burial Dec. 23, 1968 Dulaney Valle	en Memorial Cockensville. Nd.									
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE									
John Burns Sons, Towson, Maryland	DETECT OF THE PROPERTY OF THE									



MARYLAND STATE DEPARTMENT OF HEALTH



23d. LOCATION (City or Town)

1968

250. RECD BY REGISTRAR

Baltimore Co. Md.

25b REG STRAR'S SIGNATURE

(County)

(Stote)

	# <del>1</del>	a. 31		4. KAUE				2. DATE OF BI
	the anger		Female		Wh:	ite		7/2
	aurs afte by the f Pages rows afte		BIRTHPLACE (State or foreign	76. CITIZEN	OF WHA	AT COUNTRY?	8. MARRIED	NEVER MAR
	24 ha	COU	Maryland	T	J.S.	Δ.	WIDOWED	
_	de d	1D.	CITY OR TOWN OF DEATH			WE OF HOSPITAL OR INS	TITUTION (IF	not in hospital
	唐 15 3章		Order Mills		give str	reet oddress)		
	int, with	130	Owings Mills USUAL RESIDENCE (Where de	rensed lived if a		sewood Sta	13c CITY O	
	ven ven		sission) STATE Marylar	1 rds cost		II. Realitation politic		imore
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fudirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carean pages Pages should be filled with the State Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, are removal, and in any event, within 72 hours after the state Dept at the state Dept at Health priar to burial, crematian, are removal, and in any event, within 72 hours after the state Dept at the state De	1.4	FATHER'S NAME First	- V	ddle	Lost		IS. MOTHER'S MA
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	an (an indirection)	177	Adam	ADMED LODGECO	- 1	Handsch		INCOD MARKET
	cate Sicic			ARMED FORCES? give war or dates of sen		165 SOCIAL SECURITY N		INFORMANT
	phy en oval		no -			none		Rosewood
	e High		18. CAUSE OF DEATH (Enter	r only one couse	per line	for (a), (b), and (c).)	)	
	arra		PART I. DEATH WAS CA	NUSED BY. NEDIATE CAUSE (o)	Pn	eumonia		
	afte arr an, (a		15,1	DUE TO	*	A CONSEQUENCE OF		
	the diff		Conditions, if ony, which go	ove) "		ilepsy		
	hat n. ny tl ans em		rise to immediate cause ( stating the underlying cau			A CONSEQUENCE OF		
	1 2 2 4 5 4 5 4 5 4 5 4 5 5 5 5 5 5 5 5 5		lost.	220	c)			
	equires physici signed burial- burial-		PART 2 OTHER SIGNIFICANT	,		NG TO DEATH BUT NO	OT RELATED 1	TO THE TERMINA
	N: The law requires the or attending physician are has been signed by r use as the burial-transally priar to burial, are							
	e law re tending us been as the priar ta	NO I	190, DATE OF OPERATION	195. CONDITION FO	OR WHIC	TH OPERATION WAS PER	REORMED	20o. AUTO
	offine Indiana	A A	TVO. DATE OF OF EIGHTON	(74, 00,00,00,00,00,00,00,00,00,00,00,00,00	OK 111	III OI LIGHTON 177	UUMINED	YES T
	ATENDING PHYSICIAN: The la stained by the hospital or attend CTOR: After this certificate has be shauld be detached far use as shauld be detached far use as ith the State Dept of Health pride in the State Dept	CERTIFICAT	210. ACCIDENT WAS UNDER	TVING TOLK T	TIME OF	IN HIDY	21, 1	HOW INJURY OCC
	JAN: 1 al or licate far us Healt		OR CONTRIBUTING CAUSE OF	F DEATH HOUR	.M.A.S	Month Doy Yeor	211.1	JOH INJURT OCC
	rsici ospiticertiff certiff hed if af	MEDICAL	(If either, notify medical ex	ominer)	P.M.	19		
	PHYS ne host this cel etache Dept	2	21d INJURY OCCURRED While Not while	21e. PLACE OF IN	IJURY (	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	10RY.) 21f. I	LOCATION Stree
	te de ja		at work of work					
	IDING I by the After It les de le State [		22a. I certify that *(1) saw the deceased	(this hospital	) otter	nded the decease	d frgm_	10/18
	ed Sed		causes stated ab	d olive on	Idid\ I	did not) viou the l	y <b>.D.Q.</b> , ατ bady after	nd that in (30)
	D HOSPITAL OR ATTENDING PHYSICIAI Page 4 may be retained by the hospital PGE 4 may be retained by the hospital FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached far shauld be filed with the State Dept af H		22b. SIGNATURE	uve, Hy (we)	(did) (t	HEADING VIEW ITTE	oudy uner	ucuii.
	REC 3 s		220. SIGNATORE	-	10		DEC	ATTENDIN
	D pe		22d. PHYSICIAN'S	h	-		DEC	PHYS.
	R M M M		NAME (Type) Nev:	zat Turl	kman	. M.D.		Rose
	Page 4 may rio Funeral director, page shauld be file	200	DUD AL COFMATION	3b DATE		23c NAME OF C	CEMETERY OF	D COPPULIORY
	子島で言言の	230	BUR AL, (REMATION, 2 REMOVAL (Specify) Burial		d			
	5-5	0.1	FUNERAL DIRECTOR	12/7/6	ŏ	ADDRESS		emetery
	VR A15 (4)	24	Mer Plan III	ח ממנו				
	30M REV. 1/68	1/	1. Culling F	. 237 P	ន  ខេត្ត	sco Ave.	イエイゲン	

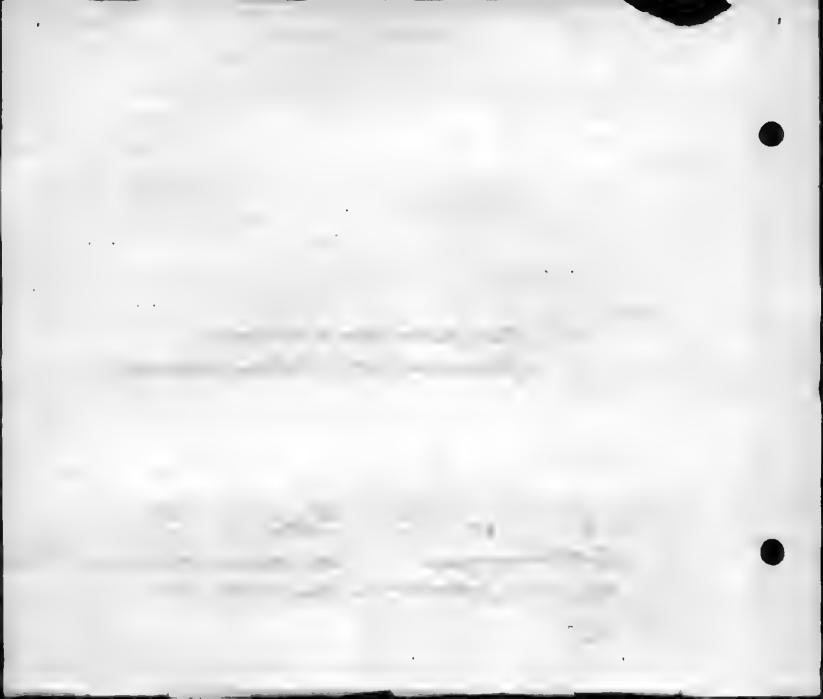
and 2 death.

DECEASED-NAME

(Type or print)



hours



CERTIFICATE OF DEATH

22d. PHYSICIAN'S NAME (Type) Gregorio Marfori

1. DECEASED NAME 2a DATE OF DEATH (Type or print) 2ABETH 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 1F LINDER E YEAR 7a BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH DIVORCED [ WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSPOE CITY LIMITS? edmission) STATE 136 COUNTY 3610 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Last Elizabeth Yenlner 160 WAS DECEASED EVER IN U.S. ARMSD FORCES? 17 INFORMANT T6b SOCIAL SECURITY NO. Yes, no or unknown) (If yes give waf or dates of service) Harry J. Hansen, 3610 Buckingham Rd. 21227 None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Dur DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJRY or contributing cause of GEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While Nat while at wark . 19 68 , to 22a. I certify that (I) (this haspital) attended the deceased from..... 14-000 sow the deceased alive an , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (old) (d d not) view the body after death. 22b SIGNATURE 22 DATE SIGNED DIRECTOR PHYS 22e. ADDRESS Baltimore County General Hospital 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) Baltimore City, Baltimore Md. 12-28-68 Loudon Park Cemetery 2Sa REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb 1968 Howard H. Hubbard 4107 Wilkens Ave. 21229



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		17085	DIVISION	OF VITAL				TREET, BALTI F DEATH	IMORE, M	ARYLAND	21201	170	75
1.		EASED NAME pe or print)	First eorge A.	Harba	Middle iugh		Last		2a. DATE 12-2	OF DEATH 25-1968	Da	y Yeor	25. HOUR
3	SEX	Male	4. RACE C	aucasi	an	_	5 DATE OF 11-	BIRTH 12-1891		6 AGE (In last thirth	years idoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF JNOER 24 HRS. HOURS MIN
	o Bi ount	RTHPLACE (State or foreign  Y) Pennsylv		S.A.	NTRY?	8 MARRIEI WIDOWEI	NEVER M	ARRIED	9 COUNTY Balt	OF DEATH Imore			Mo
10		owson, Md.		OLA FERST GO	ospital or ins	intution (if	notinhospitor lical C	en derng m		ON (Kind of w		12b KIND OF INDUSTRY	BUSINESS OR velry
13	dmis	SUAL RESIDENCE (Where dision) STATE Maryl	eceased lived, if it and 13b. COUI	nstitution: Resi NTY Balt	dence before imore	13c. CITY C Lut	r TOWN hervil	13d. INSIGE CITY U		STREET AND N		Road	
1.	4. FA	James H. H	arbaugh	dle	Last			Maiden name F y Elizal		?	Middle		Last
ī		WAS DECEASED EVER IN U.S.s., nerog unknown)	ARMED FORCES?		cial security i -05-77		INFORMANT Hazel I	M.Jeste	r 818	Kello	Address gg Ro	ad	
		Canditions, if any, which grise to immediate couse statung the underlying colost.  PART 2 OTHER SIGNIFICAN	(a), use DUE TO,	OR AS A CON	ISEQUENCE OF	OT RELATED	TO THE TERMI	NAL DISEASE ORG					
٠,		19a. DATE OF OPERATION	19b. CONDITION FO			RFORMED	20a AU YES [		CALL	IF YES, WERE SES OF DEATH?		CONSIDERED IN C	ERTIFYING
_	₹ [	21o ACCIDENT WAS UNDE ☐ OR CONTRIBUTING ☐ CAUSE ( [If either, notify medical e	F CEATR HOUR	P.M.	TDoy Year	,	HOW INJURY C	OCCURRED (Ente	r noture of I	njury in Port 1	or Part 2,	Item IB.)	
1	-	21d. INJURY OCCURRED While Not while to work	21e. PLACE OF INJ	•				reet or R.F.D. No.		ity ar Town		County	Stote
		22a. I certify that (I saw the decease causes stated a 22b SIGNATURE	this haspital) d alive on— bave, (I) (we) (	attended did) (dia na	the decease	ed fram 9 , a bady afte			, ta inian deat	h accurred o		that ate and haur	(I) (we) la: and fram th
1		22d. PHYSICIAN'S NAME (Type)	m.	Sm	th			DORESS 63	MED. DIRECTOR C	STAFF PHYS.	PL	12/27	168
2	За.	BURIAL, CREMATION, REMBYAL (Specify)	236. DATE 12-30-1	968	Mc. NAME OF Heref	cemetery o	R (REMATORY aptist	Church		TION (City or ereford		(County)	(State)
$Q^2$		uneral director n.Cook-Brook	s Towson	1050	ADDRESS York	Rd. 2	1204	250 REC D B				SIGNATURE	let.



## **FOR STATE** HEALTH DEPT.

in Item 18. Give Poges

Exominer

the Chief Medical

pencil

"pending"

writing the word

please execute the certificate.

1DM REV 1/68

certificate should be executed within

0 ond 2 ofter hours bages Ele within permit. .⊑ 0 removol, used ag 3 should cremotion, retained Health 50

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Item11 FilmGi08 MAKTLAND 3741E DELICATION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN 1 DECEASED-NAME Middle Month Year 2b. HOUR (Type or Print) ESTI-ROBERT 1968 DEATH MATED HARRIS 11-45 4. RACE 6. AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d HOUR Male Negro YRS 11-159 December To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [ WIDOWED [ 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital give street oddress) ION Lambarton Rd. 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired ) INDUSTRY Towson 37/10/ Fortest Park Ave. 134 INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES NO Balto 3710 Forrest Park Ave. Middle 14. FATHER'S NAME Lost 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIA, SECURITY NO 17 INFORMANT **ADDRESS** CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ 4120 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) IFICATION. 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO 💂 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJURY Month, Dov. Year HOUR A.M PRIMARY CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R F D. No. City or Town County State foctory, office building, etc.) WHILE MOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inqu'ry | and in my apinion deoth resulted fram: Natural causes XX Accident . Suicide [ Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER XX SIGNATURE 12/18/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, fowh, or caunty) NAME (Type) Edward F. Wilson, M.D. 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) c



BALTIMORE NATI WAL

NORTH AVE. BAITLYORE

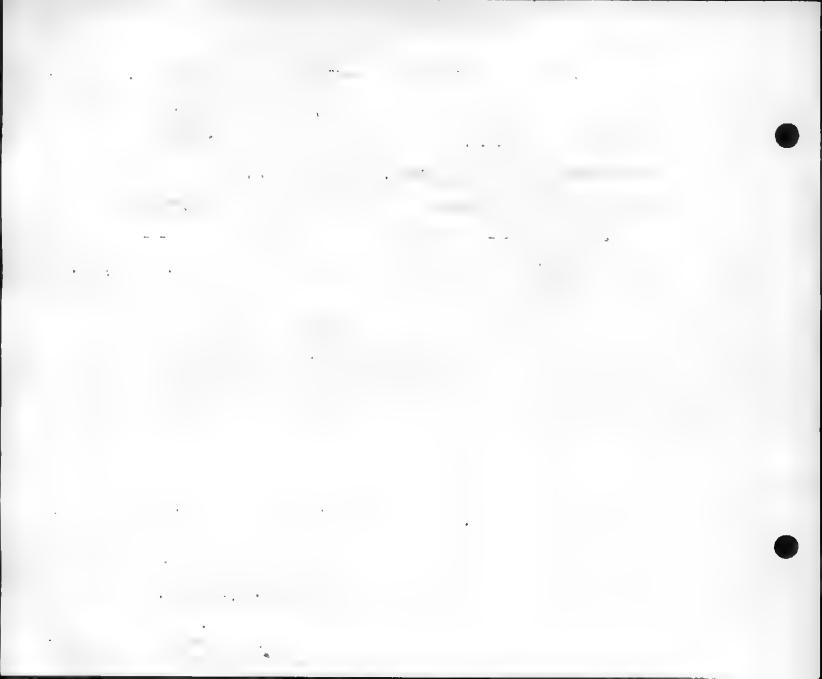
23d LOCATION (City or Town)

BALTIMORE, MD.

((aunty)

230 BURIA., CREMATION,

24 FUNERAL DIRECTOR



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17078 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY COUNTY Page the State Department of MARYLAND delay i C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate umits. corporate limits, write RURAL and a ve nearest town) and write RURAL and give poorest fawn) d. NAME OF HOSPITAL OR NSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? & Give Pages 1, g with form NO F 24 hours after death 3 NAME OF DATE Dov DECEASED OII DEATH 19 60 (Type or pnnt) IF UNDER 1 YEAR JE LINDER 24 HRS S SEX AGE (In years 6. COLOR OR RACE 7. MARR ED NEVER MARRIED Ithdoy) Months in any event within 72 hours after death. DIVORCED HPLACE (State or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if repred) dentist -retired COUNTRY Maryland . ploued .⊑ pages farwarded to the Chief Medical Examiner's 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within pencil Pendleton Alec D. Harrower permit. File ⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yas give wor or dotes of service pending" Records: SPRING GROVE STATE HOSPITAL No None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND PEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should writing the ward DUE TO Conditions, if any, which gove (b) nse to immediate couse (a). DUE TO stoting the underlying couse D last. 19 WAS AUTOPS' PERFORMED? or removal, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate. 200 EXTERNAL CAUSE WAS OCCURRED (Enter noture of more of Port Lor Port Lof Item. 3 shauld PRIMARY Or CONTRIBUTING De-CAUSE OF DEATH riles. MEDICAL PLACE OF INJURY (Home, form (County) 20c I.ME OF .N.LRY Month. Dov. Year (Stote) factory, street, office bldg. etc.) While Not While may be retained for your FUNERAL DIRECTOR: Page at work ot work 21 I certify that I took charge of the remoins described above, held on Autopsy Inspection 7 Inquiry Z ond in my opinion deoth resulted from Natural couses Accident Suicide Homic de Undetermined monner funeral directar be retained CHIEF MEDICAL EXAMINER Heath priar to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER Nelson McWay **EXAMINER'S** NAME (Typy Address (Street, city, town or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 50 REMOVAL (Specify) Prospect Towson, emeteru 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A 15ME (5) Sons, Towson, Md. 6M 1/67



Ang.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	の単の変化	DIVISION OF VIT	AL RECORDS, 30	)1 W. PRES	TON STREET, BALT	TIMORE,	MARYLAND 21:	201 4 14	082	
)	1 6 13 6 14		CE	RTIFICAT	E OF DEATH			1.4	00%	
	EGEASED NAME First		Middle		Last	2g. DA	TE OF DEATH			2b HOUR
(	TOSE	PH	E.	HAS	KELL.			19 - 1		8.55 AM
3. SI		4. RACE	/ ',	S.	DATE OF BIRTH		6. AGE (In ye	ors IF UNI	DER 1 YEAR	F UNDER 24 HRS.
	male	w	like		11/23/	1880	last birthday	YRS. MONTH	IS DAYS	HOURS MIN
7o	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT O	OUNTRY? 8	MARRIED (	NEVER MARRIED	9. COUNT	Y OF DEATH		, d	
COU	mDU.S.A.	u.		WIDOWED 🔀		Ba	ltimore	Count	У,	Md.
10 (	CITY OR TOWN OF DEATH		OF HOSPITAL OR INSTIT			JAL OCCUPA	ITION (Kind of work	done 121	b KIND OF BU	ISINESS OR
A	Mount Wilson	giye street	Wilson S	St. Ho	SD . during m	nost of wor	king life, even if re	tired.) IN	DUSTRY	
13a	USUAL RES DENCE (Where decease	ed lived, if institution:	Residence before 13	c, CITY OR TO	WN 13d. INSIDE CITY L	LIMITS? 13	ie. Street and Num	BER		
aam	ission) STATE MD.	136 COUNTY Ro	elto.	Buclinn	ne YES N	10 🗌	935 Pc		1 Rd.	
14.	FATHER'S NAME First	Middle	Lost	15. M	THER'S MAIDEN NAME 1			ddle	r	Lost
	G 80	rege h	1028Kel			m	ary	Hoe	milto	27
	, WAS DECEASED EVER IN U.S. ARA (es, no, or unknown)   (if yes give v	constitution of the second	SOCIAL SECURITY NO.					dress		
	NO NO. OF STRICTURE IN THE STREET	21	8-26- 037	2Reco	rds. Mt.	Wil	<u>son Stat</u>	e Hos	pita	1
	18. CAUSE OF DEATH (Enter on								APPROXIMA BETWEEN ONS	
	PART 1. DEATH WAS CAUSE IMMEDIA	O BY. ATE CAUSE (a)	OZONORZY	thron	Bosis (	pion	sec).			
	+104	DUE TO, OR AS A	CONSEQUENCE OF		( )	, ,				
	Conditions, if any, which gave	(b) A2	terrorden	one H	east Dise	cas &				
	rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF			,				
	lost y	(c) G	renerali	zed	Ateriorle	10015				
	PART 2 OTHER SIGNIFICANT COI									
z	Chronic	6 which.	h5 -	Peck	monary	Conp	hysema			
CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH (	PERATION WAS PERFO	RMED	20a AUTOPSY?		Ob. IF YES, WERE FIN	DINGS CONSIDI	ERED IN CER	TIFYING
ZIFE					YES NO	٦ <u>'</u>	AUSES OF DEATH?			
	21a. ACCIDENT WAS UNDERLYIN			21c HOW	INJURY OCCURRED (Ente	ter nature a	f injury in Part 1 or	Part 2, Item !	8.)	
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical exami	ner) P.M.	onth Day Year							
×	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT H	IOME, FARM, STREET, FACTOR CE BUHLDING, ETC.	21f. LOCAT	ION Street or R.F.D. No.	Q.	City or Town	Cou	inty	State
	at work of work									
	22a. I certify that (I) (th	is haspital) attend	ed the deceased	fram	1/22/, 191	<u>68</u> , to	12/19	1, 19.68	<u> </u>	l) (we) last
	saw the deceased a	live an / 2/	nat view the ba	& &, and the	iat'in (mỹ) (aur) ap	oinian de	ath accurred an	the date ar	id haur ar	nd tram the
	22b. SIGNATURE	s, (i) (we) (aid) (did	i flui / view ille ou	uy uner ded	111.			22c, DATE S	SIGNED	
	1/1/	wermen		DEGREE	ATTENDING D	MED. DIRECTOR	CX STAFF C		19/6	8.
	22d. PHYSICIAN'S	NYCHILL		DEDRIE	22g. ADDRESS	DIRECTOR	Fil73.	1/	-/-	
	MAAAE /Tump)	iam Newco	mer M.	D -	Mount Wi	Ison	Maryl	and		
230	BURIAL, CREMATION, 23b.		23c NAME OF CEA				BCATION (City or Tow		unty)	(Stote)
1	DEMOVAL (Const.)	/23/68		edeeme			ltim re.	,	11	, ,
24	FINERAL DIRECTOR	,	ADDRESS		2Sa. REC'D		1968 25b. REG		TURE	f is
	Witzke, 4101 H	dmondson A	ve. 212	29	1DF C	123	1968 K	MONEY	JAN TO	and the same of th

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 powers after death.

Page 4 may be retained by the haspital or attending physician.

30M REV 108

TO FUNERAL DIRECTOR: After this certificate has been signed by the "Itending plysician and construct" filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove cased papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17083 Lost 2e. DATE OF DEATH First 2b HOUR ant 4. RACE S DATE OF BIRTH 6 AGE (In years 3/27/87 lost birthgay) 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore County U.S.A. WIDOWED A DIVORCED [ 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
At Home give street oddress) Balto Co Gen H Randallstown 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO 🕎 Balto. 21207 4120 Villa Nova Rd. 15. MOTHER'S MAIDEN NAME First Miller Frederick 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. WMMMam H. Hood-4120 Ville Nova Rd. 21207 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) ) PART I. DEATH WAS CAUSED BY HORTIC ANEUYYEM much IMMEDIATE CAUSE (a) 4120 Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF HOU rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

stating the underlying cause 19a. DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY

21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

or CONTRIBUTING CAUSE OF OEATH (If either, natify medical examiner) HOUR A.M Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No.

City or Town

. 19 \_\_\_\_, ta\_\_\_

State

22a. I certify that (1) (this haspital) attended the deceased fram\_\_\_\_\_\_\_, 19\_\_\_\_\_, ta\_\_\_\_\_\_, 19\_\_\_\_\_, that (1) (we) last saw the deceased alive on \_\_\_\_\_\_\_\_, 19\_\_\_\_\_, and that in (my) (our) apinion deoth accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

ATTENDING DEGREE

22e. ADDRESS

22c. DATE SIGNED MED. DIRECTOR

110	00
140	1/

County

230 BURIAL, CREMATION, B ( Specify)

22d. PHYSICIAN'S

NAME (Type)

While Nat while at work

1. DECEASED-NAME

3. SEX

(Type or print)

emale

First

70 BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

Yes, no, grunknown)

odmission) STATE

14. FATHER'S NAME

Penna.

be executed within 24 haurs after death.

23b. DATE 12-18-68 23c NAME OF CEMETERY OR CREMATORY Nisky Hill Cemetery 23d. LOCATION (City or Town) Bethlehem Pennsylvania

(County)

24 FLINERAL DIRECTOR

ADDRESS Ellsworth Armacost-4600 Liberty Hghts. Ave DATOEC 20

/ANAS/N

250 REC'D BY REGISTRAR

2Sb. REG STRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68

O FUNERAL DIRECTOR: After this certificate

ATTENDING



executed within 24 haurs after O FUNERAL DIRECTOR: directar, p

BRENOVA (Specify) 24 FUNERAL DIRECTOR

23a BUR AL, CREMATION,

3 SEX

12/13/68

23b DATE

MORELAND MEMORIAL CEMETERY Schimunek Funeral Home

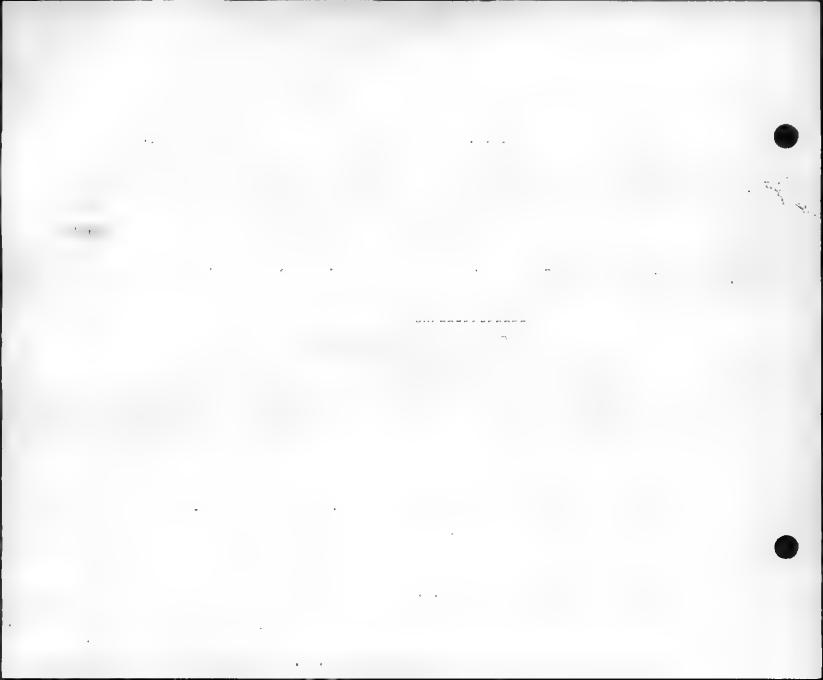
23c NAME OF CEMETERY OR CREMATORY

23d LOCAT ON (City or Town) BALTIMORE

(County) (State) MARYLAND

25a REC D BY REGISTRAR 3331 Brehms Iane Balto Madate

256 REGISTRAR'S SIGNATURE



11		ATE DEPARTMENT OF HEALTH
-	DIVISION OF VITAL RECORDS, 301 V	W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17085
	CERTI	IFICATE OF DEATH
€ -	CType or Poot	
death		Dec. 22, 1968 M.
5/1	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD BALTIMORE COUNTY	4, USUAL RESIDENCE (Where deceased ived. If institution: residence before admission)  A. STATE  B. COUNTY
¥ 1		Md. Baltimore
haurs	SFULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C CITY OR TOWN D INSIDE CITY LIMITS?
P .	E vid	Catonsville YES NO NO
724	The Academy Rd. Catonsville, Md.	E. STREET AND NUMBER
(基本)		413 Academy Road
	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs., Months; Doys Hours; Min.
	Female White WIDOWED X DIVORCED	9-20-1895 73
	2 5 2 0A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	E Edone during most all working life, even if retired)	New Jersey U.S.A.
9	ON E CONSERVITE	14. MOTHER'S MAIDEN NAME
į,	\$ 0	Mostar
arti-	as Patrick Sullivan	Mary 17. INFORMANT ADDRESS
ت	15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL SECURITY NO.	
Jean	25. Was Deceosed Ever in U. S. Armed Farces?  (Yes, no or unknown) (III yes, give wor or dotes of service)  (SECURITY NO.	Mrs. Mary R. Wilhide, 413 Academy Road 21228
9.	CAUSE OF DEAT	TH APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
= =	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, a sthema, etc. it means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CA.  DUE TO, OR AS	
equires the physician,	LEADING TO DEATH	USE THE Mardial factore 3 days
res	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:
phy	injury or camplication which caused death.)	
w Fi	SEE ANTECEDENT CAUSES	Curece-avenociono (1) 11 years.
The law re	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	S A CONSEQUENCE OF
The		
N. N.	UNDERLYING CONDITION lost, 4 (c)	
PHYSICIAN: The law requires that the death certificate be a haspital or attending physician.	UNDERLYING CONDITION lost, (C)	$\gamma$
HYS		march, the 18 10 Acc, 22 1968
	10 The Death all not related to the deceased from the (i) (we) lost sow the deceased alive on the following and from the causes stated above. (i) (We) (did/(did not))	/ 0
NI o	that (I) (we) lost sow the deceased alive on 100.21	
ATTENDING etained by #	ond hour and from the couses stated above. (1) (We) (did (did not))	view the bady ofter deoth.
Ti di di	23A. SIGNATURE	23 B. DATE SIGNED
R Le	Certified Galle mD officer	rending Med. Staff. 12/22/68
010	23C. PHYSICIAN'S	23D. ADDRESS
TA	NAME TYPE	5501 Forest Purc live But md 21207
HOSPITAL OR ATTEN	TO Kennard Vaffe  DEGREE  24A. BURIAL REMATION, 124. DATE  24C. NAME of CEMETERY of CR	
5 2 5	Burial 12-24-68 Calvary Cemetery 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
	VR ALL SM - DEC 2 3 1888 (Cliants) Judge	25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard Funeral Home
	DEC 2 3 1000 1	4107 Wilkens Ave. Bultimore.Md. 21229
	1/2 1/0 001/ 1/1/40	TAUR INSTITUTE AND A THAT CHILD AND A COLOR



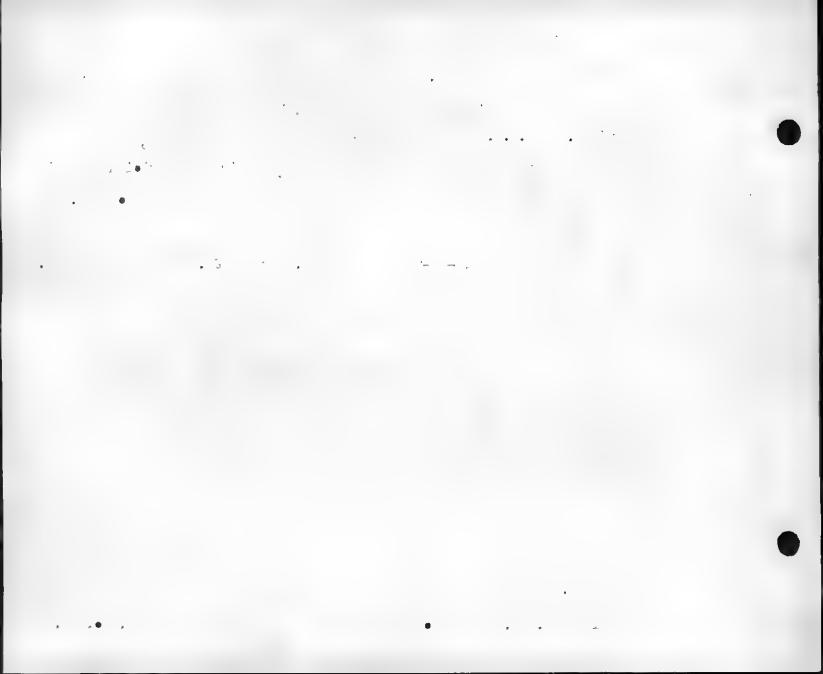


	•I t	em 18 Film 407 12-23-68 MARYLAND STATE DEPARTMENT OF HEALTH
	_	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	CERTIFICATE OF DEATH 17087
r deoth		CEASED NAME the first Middle Jenning 2a. DATE OF DEATH Doy Year 2 to HOUR ype or print) All Month Doy Year 2 to 1
hours after death in by the Tuneral hours age. Tond hours death	3. SE	S DATE OF BIRTH  S DATE
a name and design	7o l	RIRPHPLACE (Stote or foreign 7b. CHIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 1
Gamecyted within 24 and completely filled i remove carbon paper in any event, within 72	10 0	11) OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  120 JSJAL OCCLPATION (Kind of work done during most of working life even if retired)  125. KIND OF BUSINESS OR INDUSTRY
uted with impletely f re carbon event, wit	13o odm	US_A. RESIDENCE (Where deceosed lived if notifution: Residence before 13c CITY OR TOWN 13d, INS DE CITY LIMITS? 13e. STREET AND NUMBER 15s on) STATE 14th COUNTY 4th
cate betweeched within sicon and completely fille please remove carbon po and in any event, within	14	ATHER'S NAME First Middle Compach mad IS. MOTHER S'MAIDEN NAME First Middle Cost
physician of the plant of the p		WAS DECEASED EVER IN 1/S ARMED FORCES? es, no, or unknown) (It yes give war ar dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT . Address  Address
requires that the death certificate physician. signed by the attending physicies buriol-transit permit. Then plea a buriol, cremation, ar removal, or		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c))  PART I, DEATH WAS CAUSED BY
ot the death ce the attending parisippermit. The mation, or remo		IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF from Breast
s that t cian. d by thi -transit I, crema		rise to immediate cause (a), storting the underlying cause DUE TO, DR AS A CONSEQUENCE OF
requires g physici n signed e burrol-t		PART 2 OTHER SIGNIFICANT COND THONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
The law ratending aftending has been se os the the prior to	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO NO CAUSES OF DEATH?
		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
G PHYSICIAN the nospital of this certifical defacted for te Dept. of Her	MEDICAL	21d NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FACH, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
DING I by th After I be d		22a I certify that (I) (this hospital) ottended the deceased from 1968, to 200/5, 1968, that (I) (we) las saw the deceased alive on 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (aid not) view the body after death
OR ATTENDING be retoined by the JIRECTOR: After e 3 should be ded with the State		220 DATE SIGNED
PITAL OR ATTEN may be retoined "RAL DIRECTOR: r, page 3 should be filed with the		22d PHYSICIAN ST 12 ARTENDING PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DIR
O HOSPITAL OR ATTEN Page 4 mby be retonned O FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BUR AL, CREMATION, 4730 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
1	24.	FUNERAL DIRECTOR . ADDRESS 250 RECD BY REGISTRAR 256 REGSTBAR'S SIGNATURE
30M REV 1/68	1	F. S. MACNABB 21228 DATEDEC 16 1968 Scharles Judge

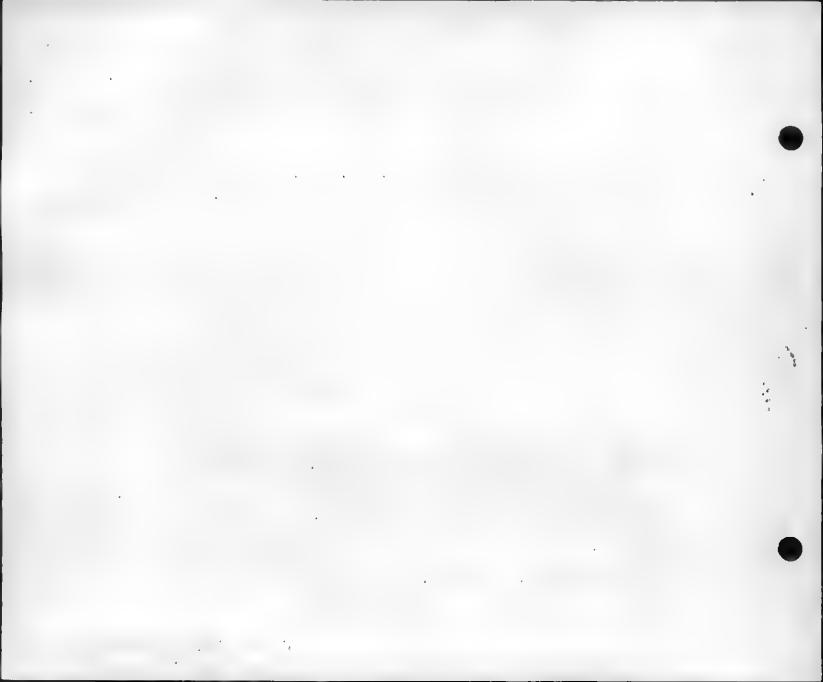




1	II.	ems 5 & 6 Film	OLO7 MARYLA	ND STATE DEPARTMENT OF 5, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	HEALTH	
	1	.2/19/68 kk	有形内特(G)	CERTIFICATE OF DEATH	3	7089
£ ~ £		ECEASED NAME First	Middle	iost	2a. DATE OF DEATH	2b HOUR
	L	(lype or print)  Frank	F.	Hertsch	12 Month 11 Do	y Year M
ofter duoth.	3 2		4 RACE	S DATE OF BIRTH	6 AGE (In years last birthday)	F JNDER YEAR IF UNDER 24 HPS MONTHS GAYS HOURS MAN
by Pours or nours	-	Male	White	May 7, 189	5 73 YRS.	ACANTO CATO
- · · · · · · · · · · · · · · · · · · ·	cay	BIRTHPLACE (State or foreign of the Commond Va.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. COUNTY OF DEATH	
filled in papers.		ITY OR TOWN OF DEATH		NICTITUTION /M h	Baltimore, SUAL OCCUPAT ON (Kind of work done	Md 12b. KIND OF BUSINESS OR
within 24 hours tely filled in by ban papers. Po , within 72 hours		Voodlawn Maryla	nd give street oddress) 202	21 Englewood Ave.	Revired Dicetrici	an INDUSTRY self emi
xecuted within 24 completely filled move corban page any event, within 7	odir	iss on) STATE Marylan	ed lived, if institution Residence before d 13b COUNTYBaltimore	Woodlawn YES X		•d Ave.
₹ 5	14.	FATHER S NAME First  Unknown	M.ddle Last	1s. Mother's maiden name Unknown	First Middle	Lost
ATTENDING PHYSICIAN: The low requires that the death certificate be executed by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and a should be detached for use as the burial-transit permit. Then please remain the State Dept. of Health priar to burial, cremation, or removal, and in any into the state of th	lóo	WAS DECEASED EVER IN U.S. ARN (es, na, of polynom) (If yes give w	NED FORCES?  Tot ar dates of service)  16b SOCIAL SECURIT  218—14—80		tsch <b>Br.</b> 2021 Eng	
ing t		18 CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b) and (	())		APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
he deoth ce e ottending p permit The			ATE CAUSE (a) Carolin	e tarlive		41/10
that the can. by the off transit per cremation.		Conditions, if any, which gave )	DUE TO, OR AS A CONSEQUENCE O			1963
thot an. by th ronsii		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE O	f conscor		
res t sicial ed b al-tr		last.	(c)	·		
OR ATTENDING PHYSICIAN: The low requires that the be retained by the hospital or ottending physician.  JIRECTOR: After this certificate has been signed by the je 3 should be detached for use as the burial-transit ped with the State Dept. of Health priar to burial, cremating	2	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	PRONDITION GIVEN IN PART I(a)	
endi s be os #	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
Tip Sala X	ERTE	The Accident Was Innestition		YES NO		
ICIAN: The low repitol or ottending trifficate has been a for use as the both Health priar to be well health priar to be well as the both trian to be well as the well as t	MEDICAL C	21a ACCIDENT WAS UNDERLYIN  ☐ OR CONTRIBUT NG ☐ CAUSE OF OCAT  (If either, notify medical examir	H HOUR A.M. Month Day Yea	21c HOW INJURY OCCURRED (Er	nter nature of injury in Part 1 or Part 2	(tem 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	₩	21d, NUURY OCCURRED 21e While Not while at wark	PLACE OF INJURY ( AT HOME FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY ) 21f LOCATION Street or R.F.D.	No. City or Town	County State
by the fifter place of the plac	П	22a I certify that (I) (thi	s hospital) oftended the deceo	sed fram/*/rar / 19	65, ta Dec 11, 19	176 ( that (1) (we) last
R. A. the	П	couses stated abave	(I) (we) (did) (did not) view the	194, and that in (my) (our) or body ofter death.	pinion death occurred on the do	ate ond hour and from the
AT retail		22b. SIGNATURE	<b>6</b> 0	1777 I DIVA	MED STAFF 27c.	OATE SIGNED
OR be re		FENGE 216	shamon M		MED. DIRECTOR D STAFF D D	e, 12, 1968
O HOSPITAL Page 4 may O FUNERAL director, pog shauld be fill		22d PHYSICIAN'S NAME (Type) Dr. G	eorge Shannon	22e AODRESS	dicial Arts Buldi	ng
HOS ge 4 FUNI recto	23a	BJRIAL, CREMATION 23b [	DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d .OCATION (City or Town)	(Caunty) (State)
5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				awn Cemetery		. Co. Md.
VR A15 M	24.	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 255. REGISTRAR S	
45M - 1/89		Loring Bye	1.8 6728	Liberty Rd. DATE DE	C 1 6 1968 Actia	was Judge



1	I	tems 7 5 F1	VISION OF VIT	MARYLAN AL RECORDS,	D STATE 301 W. PR	DEPARTMENT O	F HEALTH	MARYLAND 2	1201		Film 7.58
FOR STATE	1	7 July 00 all	SARI M	EDICAL EX	AMINER	S CERTIFICAT	E OF DE	ATH	17	4 1	7000 7000
HEALTH DERT.		ECEASED NAME	First		Middle	Lost		2o DATE		Manth Day	
E 3 8 2 7 7		(Type or Print)	CHARLES			HES	SS	li OF	FZII-	Dec.	15,1968 p. M
De Contraction	3	EX 4 RACE	S DATE	OF BIRTH	6 AGE (I			4 HRS 2c DATE	PRONOUNCED D		2d HOUR
A SE	L	male	white		71	YRS WONTES	3 HOURS	MON	⊪ e <b>cember</b>	15.	Year 1968 D. M.
1, 2, 7 rm PA		B RTHPLACE (State or foreign	gn 76 CiT ZEN	OF WHAT COUNTR	A.5 8	MARRIED MEVER	MARRIED 🔲	9. COUNTY OF E	DEATH		
farm farm te De		Maryland		USA			IVORCED 🔲		Balt:	imore	Md.
Give Pages ong with far h the State Ith.	10	CITY OR TOWN OF DEATH				TUTION (If not in haspi		IJAL OCCUPAT ON most of working			KIND OF BUSINESS OR
or de live P ig wi	10	Baltimore		Greate	r Balt	Med. Cni	Tr.				4
5 m 5 1 3 2 2	M	USUAL RESIDENCE (Where	13b S	Altimore		Luthervill		00 51111	EET AND NUMBER	11/1/1	Jenue Jen fer
24 haurs in Item 1 is Office 1 se I and 2	14	FATHER'S NAME Firs	it	Middle	Last	IS MOTHERS I	MAIDEN NAME	First	Middle	8	Last F.3
24 in line ris les line irs		?						?			
within 24 n penci in Examiner's File pages		WAS DECEASED EVER IN U.S. Yes, no, or unknown)	ARMED FORCES? (If yes give war or dates of		L SECURITY NO	17. INFORMANT	717	4703 0	ADDRESS		
with per Exam Exam File	-				32-34-,	L Robert 1	LISON,	4101 G	ranite i	rve.	APPROXIMATE INTERVAL
13 ,22		18. CAUSE OF DEATH (I	CALISED BY			1 6				_	BETWEEN ONSET AND CEATH
executed inding in Medical in permit.	1	)				und of Head	1	<u> </u>			
d be e d "pen Chief A rransit y even		Conditions, if ony, which	gave )	TO, OR AS A CONS	EQUENCE OF						
Trans		rise to immediate cous stating the underlying	e (n) (	TO, OR AS A CONS	EQUENCE OF						
shauld be e e ward "pe a the Chief ourial-transit in any ever		last.	(0056	let							
	i i	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEA	TH BUT NOT RI	LATED TO THE TERMINA	L DISEASE OR CO	ONDIT ON GIVEN I	N PART I(g)		
writing rwarded rwarded sed as a	2	176 X									
is certificate to, writing the farwarded to se used as a breemaval, and	CERTIFICATION	190. DATE OF OPERATION			ITION FOR WHI	CH OPERATION				, -9	20. AUTOPSY?
at a se	MI MI										YES X NO
tiffical by the pold of the po	18 E	210 EXTERNAL CAUSE WA	S 216 T	ME OF INJURY MOR		21c HOW INJURY	OCCURRED (Ent	er noture of injur	y in Part I or P	ort 2, Item 1	8.)
INER: e certif shauld files. 3 shoulk atian, (	₩ E	CAUSE OF DEATH 21d NJURY OCCURRED	8:	30 PM 12	/15/19 68			self in			
EXAMINER:  .ute the certifage 4 shauld  your files.  Page 3 shou	12	WHILE OCCURRED NOT WHILE AT WORK		IJURY (At home, fa building, etc.)	rm, street,	211 LOCATION Stre	eet ar R.F D. Na	,	r or Town		aunty State
□ 2 5 √√√ ()				14							Maryland
CAL I e exect far. Pc ed far CTOR: burial						obove, held an A.		Inspection		iry 🔲,	ond in my opin on
Old ase recto sined REC to b		deoth resulted f	rom: Noturo	l couses	Accident		_		etermined mo	onner []	
a die die		ACTUAL // /	well	2 JM	2		CHIEF MED CAL E	CAL EXAMINER [	<b>V</b> 228	b. DATE SIGN	JED
UTY ary, neral be be RAL		SIGNATURE We	rner U.	Coi e M	43	171.45.		EXAMINER			16/68
ro DEPUTY necessary, p the funeral f may be ri f FUNERAL Health pria		NAME (Type)	IIICI U.	oprege, m	· D .			city, town, or cou	ınty) —		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BURIAL, CREMATION,	23b DATE	230	NAME OF CE	METERY OR CREMATORY		23d LOCATION	N (City or Town)	(Cou	unty) (State)
	_	REMOVAL (Specify)	12/18/	68		ount Cemete	e1 <b>7</b>	Baltin	nore, Ma	a.	
VR A15ME (5)		FUNERAL DIRECTOR Through a time	ral Home		ADDRESS		DEC DATE	2 0 196		TRAR'S SIGN	ATURE
0~											



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

17091

1	1	0	8	1
	W		A.	

			~		CALL OI	PERMIT					
	ECEASED-NAME Type or print)	First	Middle	1.14	lost	1	2g DATE OF (	DEATH Month Do	v Yenr	2b. HOUR	
	Oria	rles	R.	Ηı	ldenbra		Decei	mber 1	, 1968		
3. 5	EX	4. RACE	W		5. DATE OF BI 6-24	RTH 1883		6. AGE (In years last birthday) 85 YRS.	MONTHS DAYS	HOURS MIN	
	BIRTHPLACE (State or fore or f		OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RIED S	COUNTY OF	DEATH altimore		Md.	
	CITY OR TOWN OF DEATH TOWSON		11 NAME OF HOSPITAL OR INST give street oddress) sapeake Mai				st of working li	(Kind of work dane ife, even if retired) Dector	126 KIND O INDUSTRY Pa.	F BUSINESS OR	
13o adm	USUAL RESIDENCE (Where issuan) STATE	deceased lived, if	institution Residence before	13c CITY O		13d. INSIDE CITY LIM YESE NO	13e. STR	EET AND NUMBER 27 Sleep	-	ow Rd.	
14.	FATHER'S NAME First Jacob		Hildenbrar		S MOTHERS MA	Alden name fir Har	nnah	Middle D •		Noyer	
16a.	. WAS DECEASED EVER IN (es. no, or unknown)	U.S. ARMED FORCES? Eyes give war or dates of ser			informant Charles	F. H	ildenbr	Address and,803	Ridgel		
	PART I DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (o DUE TO se (o). Couse DUE TO	per line for (a), (b), and (c), )  O, OR AS A CONSEQUENCE OF C), OR AS A CONSEQUENCE OF (c)	. Ta O Va	relect	lor d	cid	leut		Chack	
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION					YES _	NO 🔄	CAUSES	OF DEATH?			
MEDICAL C	21a. ACCIDENT WAS UN or CONTRIBUTING CAU (If either, natify medical	SE OF DEATH HOU	TIME OF INJURY C.A.M. Month Day Yeor P.M. 19	216. 1	10W INJUKT OU	.UKKED (Enter	nothe of relati	y in Part 1 or Part 2,	Hem IB.}		
W	saw the dece	(1) (this haspita	(OFFICE BUILDING FFC.	d from 1	nd fhat in (m	196	S, to	or Town  72/1/, 19 ccurred an the d		Stote  It (I) (we) last r and fram the	
	22b. SIGNATURE	della	A. Sedlack	DEG	REE ATTENDII PHYS. 22e. ADE	DESC DI	RECTOR L	STAFF PHYS	DATE SIGNED	18	
	BURIAL, CREMATION, REMOVAL (Sparty)	23b DATE 12/14/6	23c NAME OF 0 Atlant					N (City or Town) Asquan	(County)	N. Stole)	
24.	FUNERAL DIRECTOR -	ins & So	ns Co. 4905	Mort	Rd.	DATE DE C	PEGISTRAR 19	682Sb. REGISTRAR	S SIGNATURI 2	ege.	

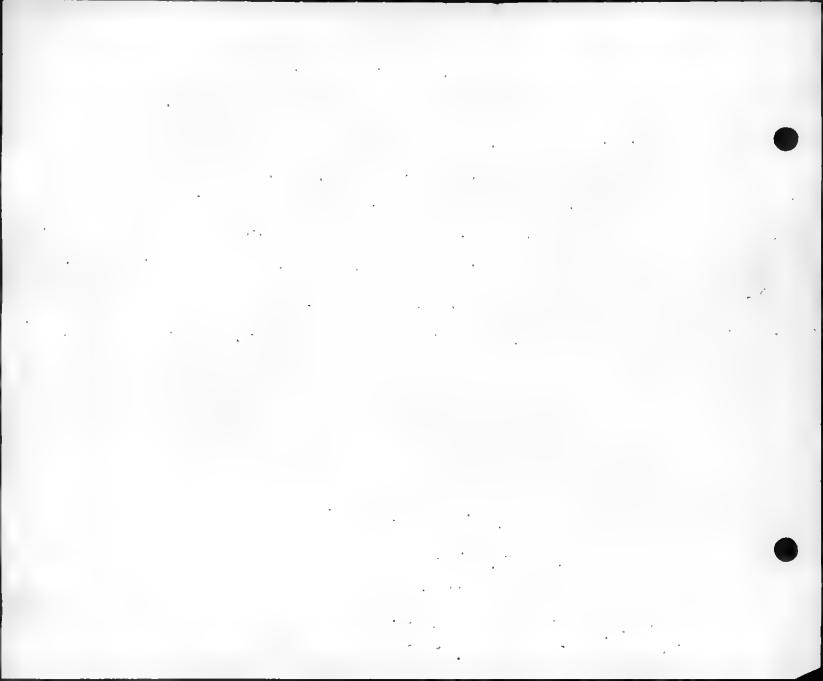
VR A15 (4) 30M REV 1/68

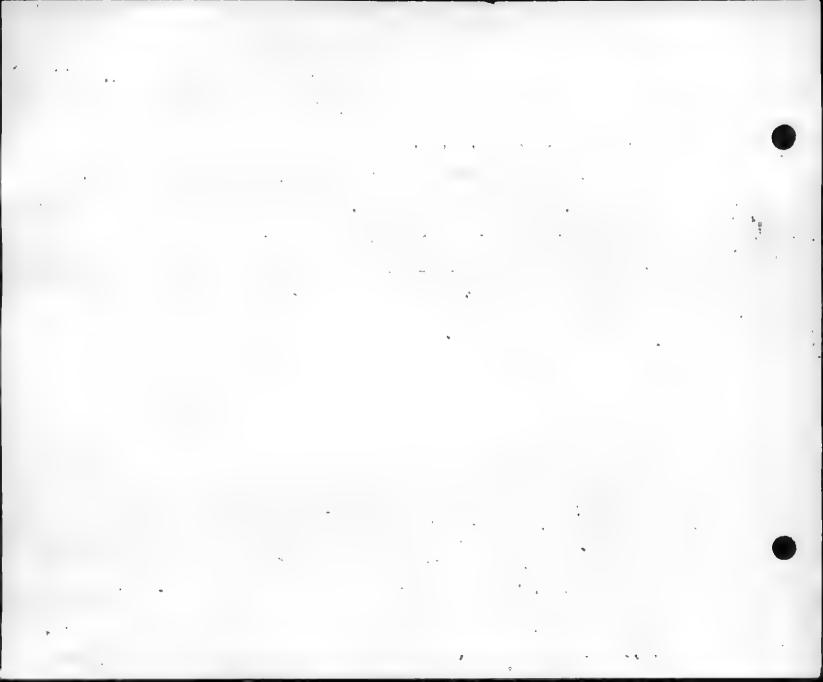
TO FUNERAL MINICTOR: After this certificate has been signed by the ollending physician and completely filled in by the daren's director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, Plages Wond 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

O HOSPITAL OIL ATTENDING PHYSICIAN: The law requires that the demth,

Page 4 may be retained by the hospital or attenling physician.

te be executed within 24 hours after death.





VR A|5 (4) 20M 1/65

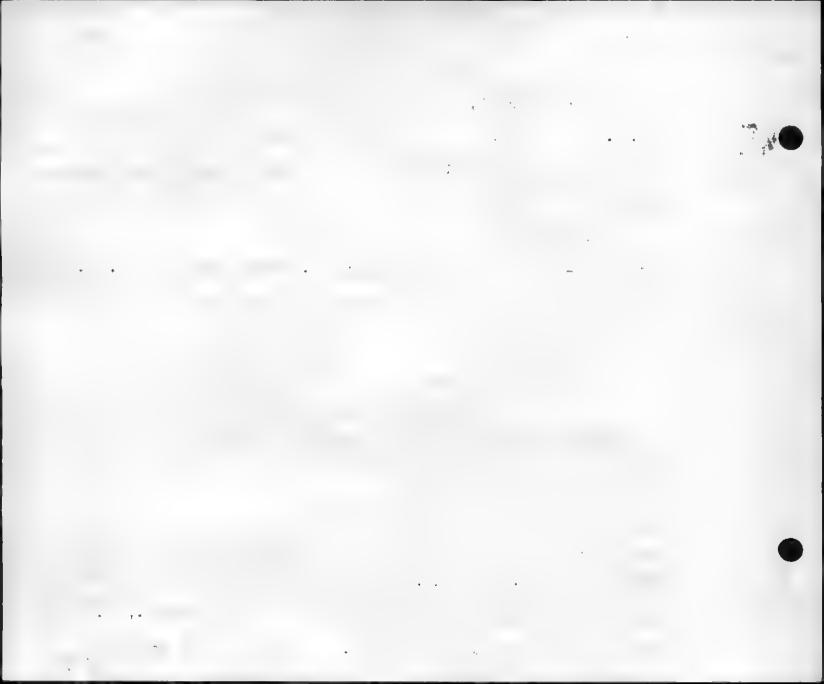
# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ı	a. COUNTY Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Towson
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
-	2 Burke Avenue	2 Burke Avenue ON A FARM? YES NO 18
	3. NAME DF First Middle DECEASED (Type or print) Matthew Lawrence Holder	Last 4. DATE Month Day Year OF DEATH December 25, 1968
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.   1985 birthday)   Months   Days   Hours   Min.
	Male White WIDOWED DIVORCED	May 14, 1921 47/ IIIs.
Į,	10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
Ι.	Purchasing Agent Balto. (0., Md.	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
١	Matthew Lawrence Holden	Marion Flynn
-		INFORMANT 9010 (hateallau's Court.
		lter Ball, Parkville. Nd. 21234
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROCALLY	Occlusion Jamestick
ı	DUE TO 11 1	
ı	Conditions, If any, which	spro spro
ı	gave rise to Immediate	1 -1 1 1 1 1
١	cause (a), stating the underlying cause last.	chatory enfection 2 Weeks
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	<b>B</b> 4^ · ·	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED A. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLA facts 19 at work at work 19 at work 19	pry, street, office bldg., etc.)
	21. I certify that (!) (this hospital) attended the deceased from.	1966, 19 to 1223 1965, that (1) (we) last
1	saw the deceased alive on the 33 1968, and that	t death occurred at M, from the causes and on the date stated above.
1	22a. SIGNATURE	ATTENDING MED. STAFF
1	Jus A Sestack M.	D. PHYS. DIRECTOR PHYS. 1/2-/2
	NAME (Type) Joseph A. Sedlacek	200 W. Penna. Ave., Towson, Nd.
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	1 6 01. 6 4.1
1	Burial Dec 27 1968 St John's C	atholic Com Long Green, Balto. (o., Md.
	24. FUNERAL DIRECTOR ADDRESS.	atho Lic 253. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	John Burns Sons, Towson, Maryland	DADEC 31 1968 Scharles Judge

Calternon

\* \*,

1			DIVISION					OF HEALTH BALTIMORE, I		1201			
FOR STATE		190	94					TE OF DE		1201	17	094	
HEALTH DEPT.		ECEASED-NAME Type or Print)	First		Md	die	Lo		2o DAT		enth Day	/ Yea	r 25 HOUR
is to of of			NEL	L	PAULINE			DSON	DEA'	EST		19	М
any delay is 2, and 3 to PM3. Page	3 5		I. RACE	S DATE OF BII		6. AGE (in year last britingly)	MONTHS O	EAR IF JINDER 2	24 HRS 2c. DAT	E PRONOUNCED DE		Year	2d HOUR 2:30
P. or		emale	white		1, 1914	1	RS			cember 2	3,	19	68 р. м
		BIKINPLACE (STOTE	PLACE (Stote or formign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   N. C.   9 COUNTY OF DEATH   9 COUNTY O										
		ITY OR TOWN OF	DEATH	11 N	AME OF HOSPITA		ON (if not in ha	spital 12a, US	SUAL OCCUPATIO	N (Kind of work i	ane 12b	KIND OF	BUSINESS OR
hours after death.  Item 18. Give Pages.  Office along with form  ond 2 with the table D		Middle R	liver	121	tee Links	Road		Sew1	ng Mach	ine Oper	ator	Clot	hing
a Signal		SUAL RESIDENCE	(Where decease	d sived, f institu	ation: Residence			13d INSIDE CITY .	MITS? 13e STT	REET AND NUMBER			
rs of 18.		farylaku		13P BANA				rer YES 🗆 N		214 Thir	d Roa	d	
hours Item 1 Office I and 2	14. §	ATHER'S NAME	First	Middle		Last		MAIDEN NAME	Eirst	Middle			Last
thin 24 mod in 1 miner's poges 1 hours (	160	WAS DECEASED EVE	obert Mo		16b SOCIAL SE	THRITY NO.	LELLA  17 INFORMANT	Litake	r	ADDRESS			_
within pencil xamine ile pog		es, no, ar unknown		rat or dates of service)	237 01			D Huds	on 141	6 Wilson	Pt.	Rd.	Balto 2
			EATH (Enter only	y ane cause per l			1001 010	D+ 11000	011 1.41	0 11220011	100	APPROX	MATE INTERVAL
be executed "pending" in iief Medical E nisit permit F event within			ATLL SAME CALIFORN	nv			otic Car	diovasc	ular Di	sease		REIMFEN C	INSET AND DEATH
e execute f pending" ef Medical isit permit		4129	>	. ,	AS A CONSEQU								
hief hief ronsi		Canditions, if an		(b)									
s should be exhe word "pen to the Chief N buriol-tronsit I d in ony event		stating the und	erlying cause	DUE TO, OR	AS A CONSEQU	ENCE OF							
he sh to t bur			CHIEFCANT CONDU	(c)	INC TO DEATH (	UIT NOT BELLT	O TO THE TERMIN	UAL DISCASE OD C	SUBITION O LITT	(at DADT 1)			
ficote fing the ded ded so os o		PART 2 OTHER SH	SNIFICANT CONDI	HONS CONTRIBUT	ING TO DEATH !	BUI NUI KELAI	U TO THE TERMI	NAL DISEASE UK (	UNDITION GIVEN	IN PAKE I(d)			
is certificate should te, writing the ward forwarded to the CI e used as a burial-tra removal, and in any	CERTIFICATION	19a. DATE OF OPI	RATION			N FOR WHICH	PERATION			<u>.</u>		20. AUT	OPSY?
	E SE				WAS PERI	ORMED?						YES	X NO
75 70 50		2.0. EXTERNAL CA			INJURY Month, I	Osy, Year	21c. HOW INJUI	RY OCCURRED (Ent	er noture of inju	ry in Part 1 or Pa	† 2, Item 1	B)	
INER: The certification of a should be should be files.	MEDICAL	CAUSE OF DEATH		P	M	19	71/ 10/17/21/	0.50.0					
= 9 × + × 5	2	WHILE IN NOT	WHILE TOO	LACE OF INJURY ( lory, office buildin	at home, tarm, ig, etc.)	street,	211 LOCATION S	treet or R.F.D. No.	Cri	y ar Town	((	ounty	Stote
DEPUTY DICAL EXAMINER: cessory, please execute the cert e funeral director Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation.			work L.I	ak charge of t	ho romoine d	needbad ab	ue held en	Autonou [3]	Inchestine	. D. Inmula		a = d :=	
ICAL E: e executor for Page ed for Page (CTOR: Purnol),		1	ettiny mai no ulted fram:	Natural cau		ccident	-	1. Hamicid	Inspection LInd	etermined mai		ана в	my apinian
pleose directa directa neetoine DIREC		//	10.	1		2		CHIEF MEDICAL		]			
Y, pleose y, pleose eretoin (AL DIRE		ACTUAL SIGNATURE	legno	YA)	740	*	M D	ASSISTANT MEDI	CAL EXAMINER	22b.	DATE SIGN		
Ssort unearly by by NER		EXAMINER'S	Werne	r U. Sp	itz, M.	ð.		DEPUTY MEDICAL		_	12/2	4/68	
o DEPUTY DICA necessory, please e the funeral director 5 may be retained o FUNERAL DIRECTA Health prior to bu	720	NAME (Type)  BURIAL, CREMATIC	ON 23b	DATE	102, 31	AME OF COMPT	RY OR CREMATO		city, fawn, or co	.,	· ·	=4-1	/50-0-2
7 2 -		BUNIAL (Spec fy		/27/68	Oa	k Lawn	Cemeter	У	Balt	N (City or Town)	Ma	•	(Stote)
Oa		ELIMIRAL DIRECTO	- No. 10	ela Cox	netic	ADDRESS			BY REGISTRAR	25b REG ST			
VR A15ME (5)	初	uzdzinsk	ci Funer	al Home	1407 E	astern	Ave.	DATDE	27 19	68 gcc	orla	Jaco	ye.



17095

OR ATTENDING PHYSICIAN: The law requires that the death certificate Le executed within 24 Laurs after Teath

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17095

4	=2-	- 1		EASED-NAME First	Mrddle	Lost	2a. DATE (	OF DEATH		2b HOUR
eath	funeral 1 and 2 ter death.		(II)	pe or print) FR IED I	7 A. HUGI	4ES	DI	EC_Manth 28 Day	1968	10 0
	- e - E	3	SE)		4 RACE	S. DATE OF BIR	RTH	6 AGE (In years		IF UNDER 24 HRS
Taurs aft	by the fi	1		-	W	MAR.	7.1900	last birthday)	MONTHS DAYS	HOURS NHN
TULS	≥6 5°				'b CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARS	9 COUNTY O			1
2	- Z :: = .	1	caun'	M) MO	USA		CED BAL	TO		
74	E B F	- 1	10. CI	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		12g USUAL OCCUPAT O	N (Kind of work done	126 KIND OF B	SUSINESS OR
遺 、	arban page			ESSEX	give street oddress) RID A		during most of workin	g life even if retired )	INDUSTRY	
3	要是	~ li	13 a.					TREET AND NUMBER		
ntec	0			sion) STATE MD.	136 COUNTY BALTE.	ESSEX			DLE	AVE
that the death certificate Le executed within 24 an	remave remave any ev	Ĺ	14. F.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MA		Middle	2, -	Last
9				15 ECREE		ANNI				
e e	sician please ), and i	ŀ	160	WAS DECEASED EVER IN U.S. ARME		<del></del>		Address		
fica	'S D`	- 1			or dates of service)	JOHN	T. HUGHES	_	9 BOUE	_
erti	by the attending phy ransit permit. Then s cremation, ar remaval	F	-	10 CALICE OF DEATH /Enter only	ane cause per line for (a), 181, and (c)	1	1 ()		APPROXIM	ATE, INTERVA.
£	- E			PART I DEATH WAS CAUSED	BY. WAR IN	10011 Env	Noki		BETWEEN ON	SS AND PEATH
dea	attendi permit. ian, ar n	- 1		1 MMEDIATI	E CAUSE (a) VIVIVIVI	newy or			FULL	The state of the s
he	Pe at			Conditions, if any, which gove	DUE TO, OP AS A CONSEQUENCE OF	De Aller	1		1/4	12.
ŧo.	by the ransit	- [		rise ta immediate cause (a), (	(b) COCCOPIC	vnue x			1	
ŧ Ē	of the P.	Н	- 1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	MANN (I)	DI BILD 10	TIL	0	1
uirei Jysi	signed burial burial		- 1		ITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERMINAL	DISEASE OF CONDITION CH	TEN IN DADE 1(a)		
req g pl		ı	- 1	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT IN	OF RECATED TO THE TERMINA	DISEASE OR COMMITTON GI	EN IN PARS I(U)		
ğiğ	a fr	- 1	8	19a DATE OF OPERATION 19b CC	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOR	20h	IF YES, WERE FINDINGS CO	INCIDERED IN CEL	PTIEVING
# h		ar j	CERTIFICATION	THE OF GLENNION	MOTION OR STIRLING ERROUT WAS IE	YES [		ES OF DEATH?	MAINENER IN CO	***************************************
· · · · · · · · · · · · · · · · · · ·	rificate h d far use af Health	*		21g ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		URRED (Enter nature of in	uprum Part 1 or Part 2 Is	tom 19 \	
NA P	fied Fer Fer F		3	OR CONTR BUTING CAJSE OF DEATH	HOUR A.M. Month Day Year	21C HOW HOOK! OCC	DEVEN (EINEL MOINE D. III	ork in call 1 of coll 2, 1	1011 10 }	
Spit	ed		MEDI	(If either, notify medical examine 21d INJURY OCCURRED 21e P	() P.M. 19 LACE OF INJURY ( AT HOME FARM, STREET FAC		DED N	· · · · · ·	Country	State
<del>美</del> 윤	this c etach Depi		~	While Not while	OFFICE BUILDING, ETC.	211. LOCATION Street	FOR K.P.D. NO.	ly or Town	County	21018
S te	70 40			of work	1 10 10 1 1 1	Marli		100	1 2 11 -2	//\ / \ \ \ I
₹ A	After be Star	- 1	- 1	22a. I certify that (I) (this	haspital) attended the decease	9/- X and that in (m)	Lancy abinion death	accurred on the dat	, that	(I) (we) la
ned	# Ped	- 1		causes stated above,	ve an	bady after death	// (doi) apililali dedili	accorrect an injection	e ana naor a	na nom n
AT etai	<b>B</b> 등등			275 SIGNATURE		/	n hun	22c D	ATE SIGNED	1.0
S 2	e 3 d v	- 1		0//////	annyaia	ATTENDIN PHYS.	G MED DIRECTOR?	STAFF	2/20	168
	AL DII			22d PHYSICIANS	75 11/222	22e. ADD	(ES8) 11th, c	1/277	1 1	
F	d b	П		NAME (Type) ( M,	194111199741	VERI	MUNO	4671		
Page 4 may	TO FUNERAL director, pa shauld be f		<b>2</b> 3a	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY		10h (City or Town)	(County)	(Stote)
200	5 4 2			REMOVAL (Specify) 12	/31/68   BARDE	EUS OF F	AITH BAL	TO. MP		
	VR A15 (4)	0	24	UNERAL DIRECTOR	ADDRESS		250. REC'D BY REGISTRAR	25b. REGISTRAR S	SIGNATURE	4.555
	30M REV, 1 X		5	G, CENNEL	LY SONS	300 MACE	DATE JAN 1	1969 Jan	ares y	and the



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEDTIFICATE OF DEATH

		CEKITIC	AIE OF DEATH							
1. DECEASED-NAME First	Middle		Lost	2o. DATE OF I			2b. HOUR			
(Type or print) Nell	ie	F	lurd	Decemb	ber 26	1968	4:30 <sup>A</sup>			
3. SEX	4. RACE		S. DATE OF BIRTH		A AGE Un voore	IF UNDER 1 YEAR	IF UNDER 24 HRS			
Female	White		June 3, 1899	9	lost birthday) 69 YRS.	MONTHS DAYS	HOURS MIN			
7o BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED		9. COUNTY OF I		-				
Maryland	USA	WIDOWED		Ba:	ltimore		M			
10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	NSTITUTION ( f n	of an hospitol 12a USUA	OCCUPATION (	Kind of work done	126 KIND OF INDUSTRY	BUSINESS OR			
Towson	give street oddress)	oseph H			le even if retired) BKEP	INDUSTRY				
melmicologia CTATE	lived, f institution Residence before		VICE TO NO.		EET AND NUMBER					
Maryland		Balti	more _		+ Hollen	Rd. 212	2			
14 FATHER S NAME First	Mrddle Lost	1	MOTHER'S MAIDEN NAME FI		Middle		r02			
August			Fannie	<u> </u>		Colle	У			
	ED FORCES? 16b SOCIAL SECURITY ar bridges of service)		NFORMANI . Arthur Hurd	I ATA TI	Address	3				
110			· AL CHOL HUE	****** L	OAMEN RUG		MATE INTERVAL			
DADT & DEATH MIAC CALICED	y one couse per line for (o), (b), and (c)	).)					INSET AND DEATH			
IMMEDIA	TE CAUSE (o) Septicemia									
Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF									
rise to immediate couse (a), (	(b) Ruptured D		ulitis with	Periton:	itis					
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF									
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT ?	NOT RELATED TO	THE TERMINAL DISEASE ORCO	OND TON GIVEN	IN PART 1(n)					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR COND T ON GIVEN IN PART 1(0)										
190 DATE OF OPERATION 196 C	ES, WERE FINDINGS O	ONSIDERED IN C	RTIFYING							
STE STEE			YES NO X	CAUSES	OF DEATH?					
		21c. HC	W INJURY OCCURRED (Enter	noture of injury	m Port 1 or Port 2,	Item 18)				
OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exomin	er) P.M.	19								
	PLACE OF INJURY (AT HOME, FARM, STREET FA	ACTORY ) 21f LO	CATION Street or R.F.D. No.	City o	r Town	County	Stote			
ot work Not while						-60				
22a. I certify that (I) (thi	s hospital) ottended the deceas	ed tram	Jec. 24 , 19 <u>00</u>	O, toD	ec. 20, 19	oc, that	(I) (we) Ia			
causes stated above	ve on Dec. 26, (I) (we) (did) (did nat) view the	bady after d	i that in (my) (aur) apin leath.	Non death oc	curred on the do	ote and hour	and from th			
22b. SIGNATURE					22τ.	DATE SIGNED				
61700	mo, m.	D . DEGRI	EE PHYS DIE	ED RECTOR	STAFF EX	12-26-6	8			
22d. PHYSICIAN'S			22e ADDRESS							
	nio Antonio, M.D.		7620 Yor		Towson, M	d. 2120	4			
23o. BURIAL, CREMATION, 23b. D		CEMETERY OR	CREMATORY	23d LOCATION	(City or Town)	(County)	(Stote)			
/			unetery		kville, M					
24 FUNERAL DIRECTOR Ullrich Luneral	. Home 4210 Belair	Road.	2So REC D BY	REGISTRAR  3 0 196	2Sb. REGISTRAR S					
		.,	DATE	a 11 136	n villa	elas Ored	43			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician.

within 24 hours after death.



lely med in by the tyneral boar pagers. Pages I and 2 multin 72 haurs affect death.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

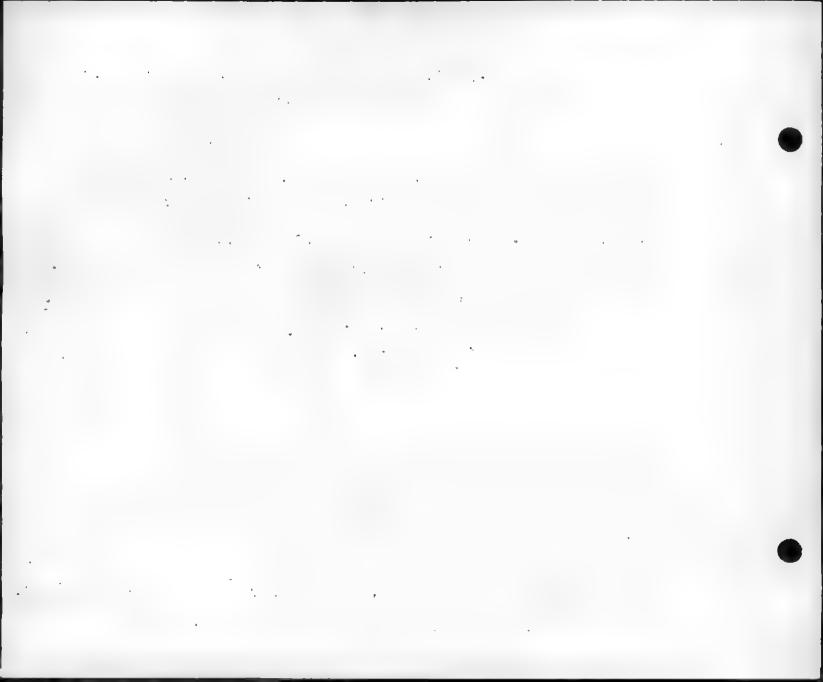
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely, director, page 3 should be detached for use as the burial-transit permit. Then please remave caldon should be filed with the State Dept. af Health prior to burial, crematian, or removal, and in any event, with

VR A15 4 7

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. SEX  4 RACE  5. DATE OF BIRTH  AVE., 18 1907  6 AGE (In years if under 24 HRS last birthday)  Figure 18 1907  70 BIRTHPLACE (Stote or foreign of the country)  70 BIRTHPLACE (Stote or foreign of the country)  8 MARRIED NEVER MARRIED  9 COUNTY OF DEATH	l		170	87			(	ERTIF	CATE OF	DEATH	- /			1709	9.7		
S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   S. AGE (In year)   IDENTIFY	Jī.			Fur	st		Middle		Last		20 DATE (	OF DEATH			2b HOUR		
To BIRTHPLACE (Dobe or foreign 78. CITIZEN OF WHAT COUNTRY)    A	L	(1)	ype or print)	PRES	TON	A,	HUTC	HIN	SON		DE	C - Month Z		1968	11AM		
The control of the path   Country	3.	SEX	×	·		W					907	6 AGE (In year	/) M				
The city of town of death   11 mamb of Pospital or Institution (from hospital during most of work dome during most of work most of the most of th	70	В	SIRTHPLACE (Stote	ar foreign			UNTRY?			WIED !							
SSE   Section	L		VA.												Md		
DUIL TO, OR CANSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT MEATED TO THE TERMINAL DISASE OR CONDITION GIVEN IN 15 MINOR WHICH OPERATION WAS DEFENDENCE OF MULTIPLY OF CONTRIBUTING TO DEATH BUT NOT MEATED TO THE TERMINAL DISASES OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH (Enter only one couse peer map for (a), (b), and (c))  18. CAUSE OF DEATH (Enter only one couse peer map for (a), (b), and (c))  19. CAUSE OF DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c))  10. The DEATH (Enter only one couse peer map for (a), (b), and (c)  10. The DEATH (Enter only one couse peer map for (a), (b), and (c)  10. The DEATH (Enter only one couse peer map for (a), (b), and (c)  10. The DEATH (Enter only one couse peer map for (a), (b), and (c)  10. The DEATH (Enter only one couse peer map for (a), (b), and (c)  10. The DEATH (Enter only one couse peer map for (a), (c), and (c), and and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and an analysis peer one couse peer map for (a), and	10	l C					ddress)		_ `	during mo	st of workin	glife, even if re	tired)		BUSINESS OR		
160. NAS DECASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   217 O.S691   EVELYN HUTCHINSON   18 ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INFORMANT   217 O.S691   EVELYN HUTCHINSON   217 O.S691   EVELYN HUTCHINSON   217 O.S691   EVELYN HUTCHINSON   217 O.S691   EVELYN HUTCHINSON   218 O.S.   217 O.S691   EVELYN HUTCHINSON   218 O.S.				(Where dece							and the same			INE			
160 WAS DECASED EVER IN U.S. ARMED FORCES? Yes, no. or cuplenown)   191 yes yes were or existed at the control of the contro	Ī	1 F.	ATHER'S NAME	First	Mide	lle	Lost	-	15. MOTHER S N	AIDEN NAME FI	ırst	Mi	ddle		Last		
Test of operation   196. Conditions, if day, which gave   100 or as a consequence of conditions, if day, which gave   100 or as a consequence of conditions, if day, which gave   100 or as a consequence of conditions   100 or consequence	L		QUII	NTON	+ HV7	CHIN	SON		CLIN	ENIA	AN	IDON					
18. CAUSE OF DEATH (Enter only one course per 199 for [o], [b], and (c)	Ī	16g. WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17 INFORMANT Address											77				
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Stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT MELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES NO CAUSES OF DEATH?  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21a ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  HUR A.M. Month Day Year 19  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21a ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  HUR A.M. Month Day Year 19  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21a ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  HUR A.M. Month Day Year 19  PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  21a ACCIDENT WAS UNDERLYING CAUSES OF DEATH?  HUR A.M. Month Day Year 19  PART 2 CHOWN INJURY OCCURRED (Enter nature of injury in Part 1 or	П	rise to immediate course (a) (b)												-11-15			
19a DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING   21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   21d INJURY OCCURRED   21d INJU			stating the und lost.	ing the underlying cause DUE TO, OR AS A CONSCIUENCE OF										12	yeurs.		
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, SIREET, FACTORY.)   21f. LOCATION   Street or R.F.D. Na.   City or Town   County   State   While   Other work   Other Bullions, etc.		Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)														
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Year   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOMS, FARM, SIRRET, FACTORY.)   21f. LOCATION   Street or R.F.D. Na.   City or Town   County   State   White   of wark   of wark   22a.   Certify that (I) (this haspital) attended the deceased from   County   Office Bullioning, etc.   19   19   19   19   19   19   19   1			19a DATE OF OPE	RATION 19	b. CONDITION FO	R WHICH OP	ERATION WAS PE	RFORMED	CALISES OF DEATHS								
While Not while at work of wark  22a. I certify that (I) (this haspital) attended the deceased from Octobar 10, 19 33, tabliance, 19 08, that (I) (we) last saw the deceased dive an accurred and the date and haur and from the courses stated above, (I) (a part) (did not) view the bady after death.  22b. SIGNATURE  22c. DATE SIGNED  22c.																	
at work of wark  22a. I certify that (I) (this haspital) attended the decased from a course of the deca		MEC							LOCATION Stre	et or R.F.D. No.	ſi	ty or Town		County	State		
22a. I certify that (I) (this haspital) attended the decased from UCOVA (), 19 33, ta County (), 19 (8), that (I) (we) last saw the deceased alive an OCOVA (1) (did nat) view the bady after death.  22b. signature  22c. Date signed  22c. Date sign	1		While Not w	71.110	10. TENCE OF 1150	OFFICE	BUILDING, ETC	) [ -11.				1 0 10 10	22		2.0.0		
courses, stated above, (1) (did nat) view the bady after death.  22b SIGNATURE  22c DATE SIGNED  22c.	1	22a, I certify that (1) (this haspital) attended the deceased/from CCVV4 10 19 53, talking the 19 08, that (1) (we) los															
22d. PHYSICIAN'S Eugene C, Bournanh 22e. ADDRESS Eastern Adv. Ball nume y had 230. BURIAL CREMATION, REMOVAL (Specify) 12/31/68 BELTIN R. BELTIN R. BELTIN R. BELTIN R. D. (State)	saw the deceased alive an Course (i) (and that in (my) (sur) apinian death accurred an causes stated abave, (i)												the date	and hour	and fram the		
NAME (Type) EUSTEL C, BOUTTOUTH LESS EASHFUN Now. Dally warred nucleon Burial CREMATION, REMOVAL (Specify) 12/31/68 BELTIN 1R BELTIN 1R	١		22b. SIGNATURE	flue	(1,2	M	ma	Myon	GREE PHYS.	ING X M	NED.		22c. DA	TE SIGNED	5-68		
REMOVAL (Specify) 12/31/68 BELAIR BELAIR MD.				Eug	rene C	BO	247170	anh	22e. AD	13 Ea	steru	Ad. P	Salli	nem	21 hid		
24. FUNERAL DIRECTOR  ADDRESS	2	3a.	BURIAL CREMATI	ON, 23	b. DATE				OR CREMATORY		1	, ,	,	1 14	(State)		
1 Z4, FUNERAL DIRECTOR ADDRESS \$ 250 REC D BY REGISTRAR'S SIGNATURE	-	4	BURIA	71	1731/	30		119		105- 05-0				-			
J. E. CONNELLY SONS 300 MACE DATE JAN 2 1969 Charles Judge	\[\frac{1}{2}	4.			, hr .	*0 4. =		200	An A c in				Milan SI	JA . O.	e tak		



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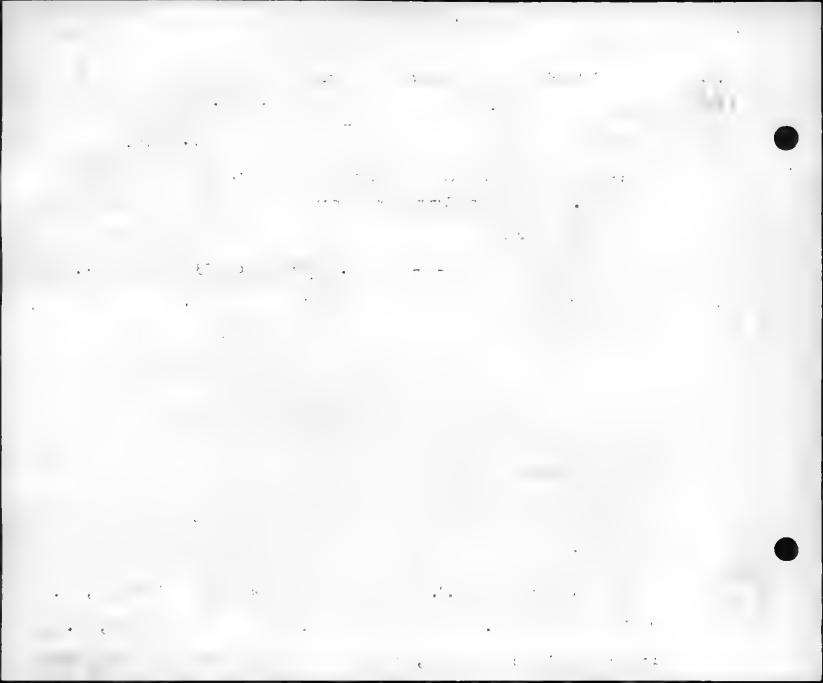
f funeral

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers, should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 h.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BASTIMORE, MARYLAND 21201

		17	028	ı			(	ERTIF	ICATE OF	DEATH					1709	8	
	1 DECEASED-NAME (Type or print)			First		Middle		Lost			20 DATE OF DEATH			Yana	26 HOUR		
L	- (1	the or bring)	Cath	ori			Ceceila		Hylock				Month 12	24	88		
	3 SE	x emale				4. RACE White			S DATE OF OC tob	191	4.	ast birthdo		MONTHS OAYS	HOURS MIN		
ŀ	70 B	IRTHPLACE (Sto	te or foreig	ın I	7b. CITIZEN		COUNTRY?	8. MADDE	D NEVER M	ADDIED .	9. COU	NTY OF D	EATH	110.			
1	€0UII	ry Mary	land		Ţ	JSA		WIDOW		ORCED [		Baltimore					
Ŗ	10. C	Tows			,	IT NAME give stree	OF HOSPITAL OR INS et oddress) Joseph H	RINSTITUTION (If not in basertal									
	130	USUAL RESIDEN	CE (Where	decease	d lived, if it	d, if institution: Residence before 13c.			CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER								
	odmission) STATE Md.				Job COUNTY Pack		O COLUMN	Baltimore		YES X	NO []	351	7 Woo	drin	g Ave		
	14 8	ATHERS NAME	First		Mid		Lost		IS. MOTHERS MAIDEN NAME First Middle Lost								
ı					Pirai				Josephine Messina								
1	16a. Y	WAS DECEASED es, na, or unkno	EVER IN U.		ED FORCES? For dates of serv	fen	b. SOCIAL SECURITY N	1	7 INFORMANT					ldress		44-1	
ı				213-01			21 <b>3-01-</b> 21						ob Bay	Sayonne Ave. #14			
		18 CAUSE OF PART J. I	EATH WAS	CAUSED	BY:		or (o), (b), and (c).)	'IV	centr	14 )	001/2	310				ONSET AND DEATH	
		410	- In	AMEDIA	(a) DIJE TO		CONSEQUENCE OF	-1-7	<u> </u>		, 0			_		-	
	Cand trons, if any, which gove)  (b)  DUE TO, OR AS A CONSEQUENCE OF Cand trons, if any, which gove)																
	nse to immediate couse (a), (b) Stating the underlying couse (DUE TO, OR AS A CONSEQUENCE OF																
	last. (c)									1							
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)															
ı	N	de .															
	DICAL CERTIFICATION	19a. DATE OF O	PERATION	19b. C	ONDITION FO	R WHICH	OPERATION WAS PER	RFORMED	20a. AU YES [		<b>¬</b>	CAUSES (	es, were fii of death?	ndings co	INSIDERED IN	CERTIFYING	
		21a. ACCIDENT DR CONTRIBUT (1f either, nati	ING □CAUSE fy medical	OF OEATH	er) HOUR	P.M	Month Doy Year		HOW INJURY O	,				Port 2, It	em 18.)		
	WE	21d. INJURY ( While \to No at work at	wark				HOME, FARM, STREET, FAC FICE BUILDING, ETC.								County	State	
		220. I cert saw t cause	ify that ( ne deceas s stated c	I) (this sed ali abave,	hospitol ive an (I) (we) (	did) (di	led the deceose led the deceose d not) view the l	d from. 9 ady aft	and that in (	my) (our) o	pinian o	to death ac	curred on	, 19_ the dot	, tha e ond hour	t (I) (we) la ond from th	
		22b. SIGNATUR	E /		1	H	Uni		EGREE PHYS.	unc L	MED DIRECTO		STAFF PHYS.	22c. D	ATE SIGNED	63	
/		22d PHYSICIAN S NAME (Type) Sebastian Russo M.D.  22e. ADDRESS 5017 Harford Rd Baltimore, Md.															
	230	BURIAL, CREMA		23b. D	ATE /28/6	8.	23¢ NAME OF S		or crematory Faith C				(City or Tox		(County)	(Stote)	
	24.	FUNERAL DIREC	TOR				ADDRESS			2So RECD	BY REGI	STRAR	2Sb. REG	SISTRAR'S S	SIGNATURE		
X		Leonar	d J R	uck	Inc	Bali	timore. M	arvl	and	DATIDE	C 2 6	196	8 2	Char	las Jan	della	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		17039	DIVISION OF VITA	AL RECORDS, 301 V CERT	W. PRESION SE		UKE, MAKTLAND	1201	7099			
Ī		EASED-NAME First pe or print) G/OVAN		Middle	iAMPIE	RI	20 DATE OF DEATH Manth	Day 30	1968	2b. Hour M		
	SEX	M	4 RACE			18- 188	6 AGE (in	yeors if year) ma	UNCER 1 YEAR OF U	NOER 24 HRS. URS AGIN		
	count	RTHPLACE (State or foreign TY)  TY OR TOWN OF DEATH	76. CITIZEN OF WHAT CO	MA	130	ORCED	COUNTY OF DEATH  PALT / M O K  OCCUPAT ON (Kind of w	E done	125 KIND OF BUSI	Md.		
-	<i>C</i> /	TONSVILLE SUAL RESIDENCE (Where deced	give street	oddress)	ANDR TY OR TOWN	during, mast	of working rife, even if	fretired)	INDUSTRY  CLOTH	11/6-		
		sion) STATE/N/I	13b COUNTY	BA	HIMORE	YES NO	930 ST. A.		LANE			
	4 F/	ATHER'S NAME First	Middle	Lost NIDIE 171		NAIDEN NAME First V <i>KNCW/</i>	V	Middle	Į	ost		
Ì		WAS DECEASED EVER IN L S AR	MED FOR (ES? 166 war or dates of service)	SOCIAL SECURITY NO 5-03-7997	17 INFORMANT			Address MONDSO				
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI IMMED		APPROXIMATE I BETWEEN ONSET A	AND DEATH							
		4129 Conditions, if any, which gave rise to immediate cause (o).	DUE TO, OR AS A (	S. C. V.		:						
	-1	stating the <u>underlying couse</u> lost.	DUE TO, OR AS A (					4 - 1814				
	∠ .	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
	CERTIFICATION	19a. DATE OF OPERATION 19b	). CONDITION FOR WHICH O	PERATION WAS PERFORM	ED 20a. AU YES [		20b. 1F YES, WERE CAUSES OF DEATH?		SIDERED IN CERTIF	YING		
	MEDICAL CER	210 ACCIDENT WAS UNDERLY accountributing accuse of or all either, notify medical exam	ATH HOUR A.M. Mo	nnth Doy Year		·	ature of injury in Part 1	or Part 2, Iter	m 18)			
l		at work at work	e. PLACE OF INJURY (AT HO				City or Town		County	State		
		22a. I certify that (I) (this haspital) attended the deceased from 1950, ta 1450, 1960, that (I) (we) last saw the deceased alive an 1250, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after death.										
		226. SIGNATURE  PHYS  ATTENDING  DIRECTOR  STAFF  12. DATE SIGNED  12. T3. / 6.8										
		22d PHYSICIAN'S NAME (Type)	UJ. c.	Pour.	D 228 A	325	tord	erce	k. O.	~		
		BURIAL, (REMATION, 23b) REMOVAL (Specify)	DATE 1-2-69	23c NAME OF CEMETE NEW CAT	RY OR CREMATORY	CEM	23d LOCATION (City or BALTIMOR	7- 1	MARYLA	State)		
X	24.	FUNERAL DIRECTOR	بسع سوه د مدار د	ADDRESS	2500/ 1/	2So. REC'D BY	REGISTRAR 2Sb.	REGISTRAR'S SI				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

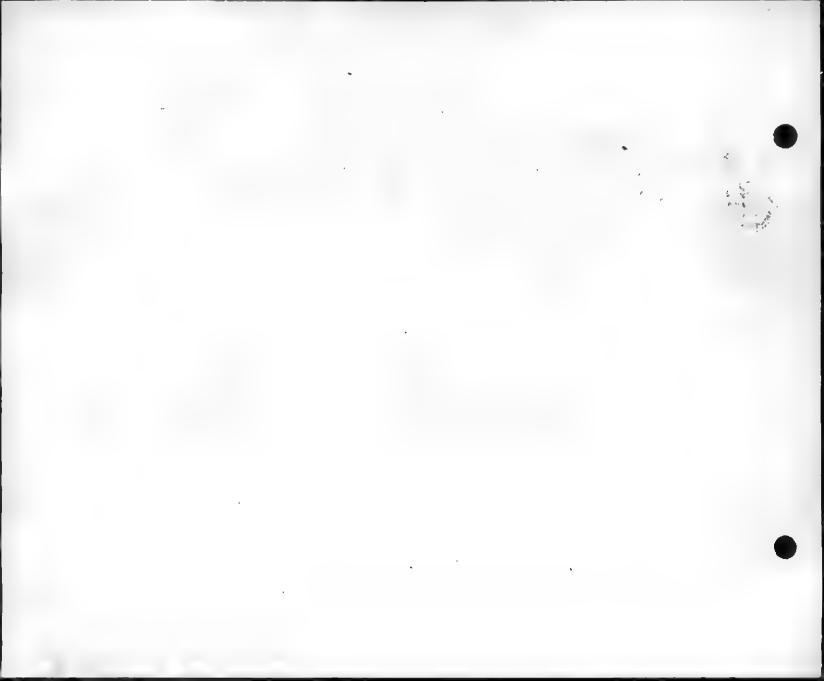
Page 4 may be retained by the hospital or attending physicion **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in build director, page 3 should be detached for use as the burial-transit permit. Then please remove cachon papers. Par should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has a should be filed with the State Dept. VR A15 M

-Inerol

death



·.	ıI		IND STATE DEPARTMENT OF HEALTH	
	12		S, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7100
/	_	12090	CERTIFICATE OF DEATH	7100
death		PECEASED-NAME Type or print)  JAMES  Middle	JACKSON 20 DATE OF DEATH 4 DOY	68 Year 20 HOJR
after after	3. SI	Male Golored	1	IF UNDER 1 YEAR F JINDER 24 HRS NONTHS DAYS HOURS MIN
1 haurs in by ext. Pour	70 cou	BIRTHPLACE (State or foreign of CITIZEN OF WHAT COUNTRY? unknown unknown	8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED TO NEVER MARRIED BOTTON RE	
within 24 haurs after death.  Ply filled in by the different boar papers? Pages and within 72 hours (for solution)	10.0	*AOO.C.AI LAC (give street oddress)	INSTITUTION (f not in hosp tol during most of working life, even if retired)	12b KIND OF BUS NESS OR INDUSTRY
ent,	I3o. odm	USUA, RESIDENCE (Where deceased lived, if institution Residence before ission) STATE 10 13b COUNTY BOOMS	e 13c. CITY OR TOWN 13d INSIDE . TY LIM 157 13e STREET AND NUMBER.	in Street
ate be letting one company events one one company events one company e		FATHER'S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME First Middle	Lost
ficate be ysician o please al, and is		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or dates of service)	Y NO. 17 INFORMANT Address	
regures that the death certificate g physician.  sugned by the attending physician be burial-transit permit. Then pleas a burial, cremation, or removal, and		IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (iii) PART I DEATH WAS CAUSED BY	(1) Die in da vo Come	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t the death cer the ottending part permit. The nation, or remo		IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE O  Conditions, fony, which gove)	- /	
equires that the physician. Signed by the burial-transit burial, cremat		stoting the underlying couse (b)  DUE TO, OR AS A CONSEQUENCE O	A real Carrer	
requires g physicio n signed s burial-ti			NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The low requires the attending physician, hos been signed by see as the burial-tro th prior to burial, cre	CERTIFICAT ON	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS F	PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
N: 1		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING LAUSS OF DEATH HOUR A.M MONTH DOY YED	21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	m 18)
	MEDICAL		19 FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
DING PHYS I by the hos After this ce I be detache State Dept.		22a I certify that (1) (this haspital) attended the decea	ised from Dec 3, 1968, to Dec 4, 196	e & , that (I) (we) last
OR ATTENED be retained SIRECTOR: A should ed 3 should ed with the		causes stated abave, (I) (we) (did) (d d nat) view the	e bady after death.	TE SIGNED ,
ALOR by be re place 3 filed w		22d PHYS CIANS 4 2 PHYS CIANS	DEGREE PHYS DIRECTOR STAFF DIRECTOR DIR	C4-68
Page 4 may be retained by th  O FUNERAL DIRECTOR: After the director, page 3 should be deshould be filed with the State	230	NAME (Type) VICETOLE 19 14 17	TO Spring sum She Dry	(County) (State)
To Hore Page To Funderect should	3	FUNERAL DIRECTOR SEDENTY	rel. Med School Baltanore M	el.
VR A15 (4) 45M - 1/69		Nobili	DATE DEC 2 0 1968 2010	las Judge



	MARYLAND STATE DEPARTMENT OF HEALTH											
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
	CERTIFICATE OF DEATH 17101											
	ECEASED NAME	First		Middle		Łost		2o. DATE OF DEATH		2b HOUR		
Ĺ	Type or pnnt)	ŁW.	illiam	Edgar		<b>JACOBS</b>		Month 12 Do	23 Year 6	8 7:10%		
3 21	EX		4 RACE			S DATE OF BIRTI	Н	6 AGE (In years	IF UNGER 1 YEAR	PF JNOER 24 HRS.		
L	Male			White		2/	21/52	16 yrs 10 yrs	MONTHS DAYS	HOLRS MIN		
70.	BIRTHPLACE (Stor	te or foreign	7b CITIZEN OF WH	AT COUNTRY?	8 MARRIEI	NEVER MARRIE	D [X] 9	COUNTY OF DEATH				
COUL	Was	hington	U.S.	A.	WIDOWE			Baltimore		Md.		
10. (	CITY OR TOWN O	OF DEATH		ME OF HOSPITAL OR IN	STHTUTION (H	nat in hospital		OCCUPATION (Kind of wark dane		BUSINESS OR		
		ngs Mill	5 ,		U /	d_State	during mo:	st of working life, even if retired.)	INDUSTRY	_		
130	USUAL RESIDENT	CE (Where deceas	ed lived, if institution	on Residence befare	13c CITY		L INSIDE CITY LIM					
GUIT	אונ (יוטוננויו	Marylar	1d 3b. COUNTY	Frederic	Fre	ederick '	ES NO	212 N.Market	t St.			
14	FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MAID	EN NAME Fit	st Middle		Last		
L		Willi	.am Edga	r JACOI	BS		Ju.	lia Lucretia	SCHAEF	FER		
		EVER IN U.S. ARN	MED FORCES? pror dates al service)	16b SOCIAL SECURITY	NO 17	INFORMANT		Address				
	res, no, or unknow NO	Atti) fr. les due n	• =			Rosewoo	d Roce	ords, Owings Mil	ls. Md.			
	1B. CAUSE OF	DEATH (Enter on	y ane cause per in	e far (a) (b) and (c)	) /	1 -+			ADE ROX	SASET AND DEATH		
	PART 1. D	EATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)	ioneheal	200	strucke	an		Levinus	14()		
	3/3 X		DUE TO, OR	S A CONSEQUENCE OF	0	Λ	9/	1/	11			
	Conditions, if ony, which gove											
	Isse to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	$\frac{ ast. 52 }{}$											
	PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED	TO THE TERMINAL D	HSEASE OF CO	INDITION G VEN IN PART I(a)				
×	5	ever )	nental	. Ketarc	atio	ON. INSt	testes	malized 12	415.			
CERTIFICATION	19a. DATE OF OF	PERATION 195.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20g. AUTOPS)	/?	206 IF YES, WERE FINDINGS	COMS DERED IN C	ERTIFYING		
KTE						YES 🔛	NO 🗌	CAUSES OF DEATH?	5			
		WAS UNDERLYIN	210 01		21c	HOW INJURY OCCUR	RED (Enter	noture of injury in Part 1 or Part 2,	Item 18.)			
DICAL		NG CAUSE OF DEATH  y medical examin		Month Day Year								

21f. LOCATION Street or R.F.D. No.

ATTENDING

22e. ADDRESS

State

21d. INJURY OCCURRED While Not while at work

220. I certify that (1) (this hospital) attended the deceased from saw the deceased only on 19, a

23e. PLACE OF INJURY

1-2/20/56 , 19\_\_\_\_, to\_2/23/68 , 19\_\_\_\_ , that (1) (we) last and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obone, (1) (we) (did/(did/not) view the bady ofter death.

DEGREE

MED DIRECTOR

City or Fown

23d LOCATION (City or Town)

22c DATE SIGNED STAFF

22d. PHYSICIAN'S NAME (Type)

22b SIGNATUR

230 BUR AL CREMAT ON SKEMOVAL (Specify) 23b DATE

( AT HOME FARM, STREET FACTORY.)

23c NAME OF CEMETERY OR CREMATORY

(County)

County

VR A15 (4) 45M 1,69

directar, page 3 shauld be detached far use as the burial-transit permit. Then pl shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval,

IO FUNERAL DIRECTOR: After this certificate has been signed by Page 4 may be retained by the hospital or attending physician.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

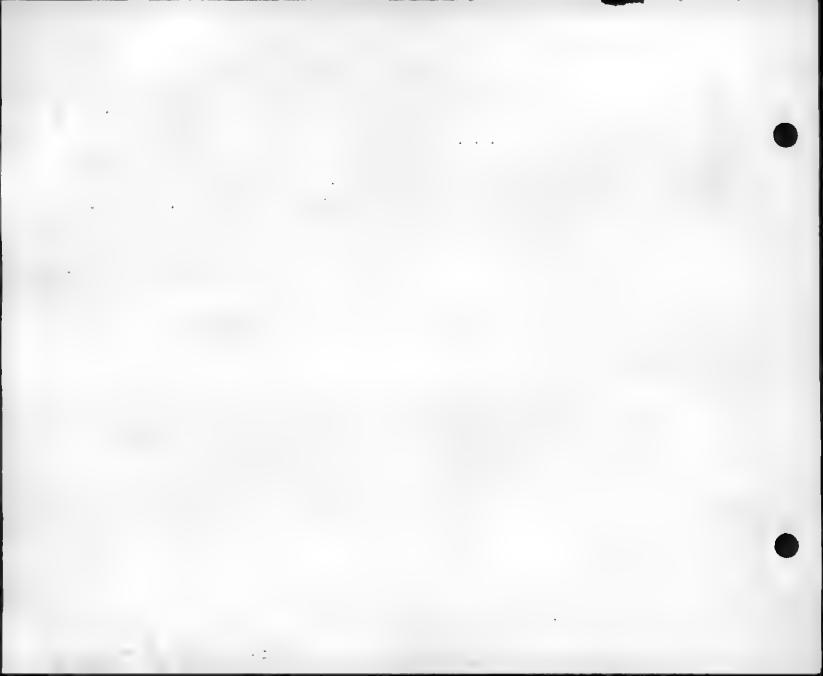
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the attending physician and composition and named carbon please remaye carbon

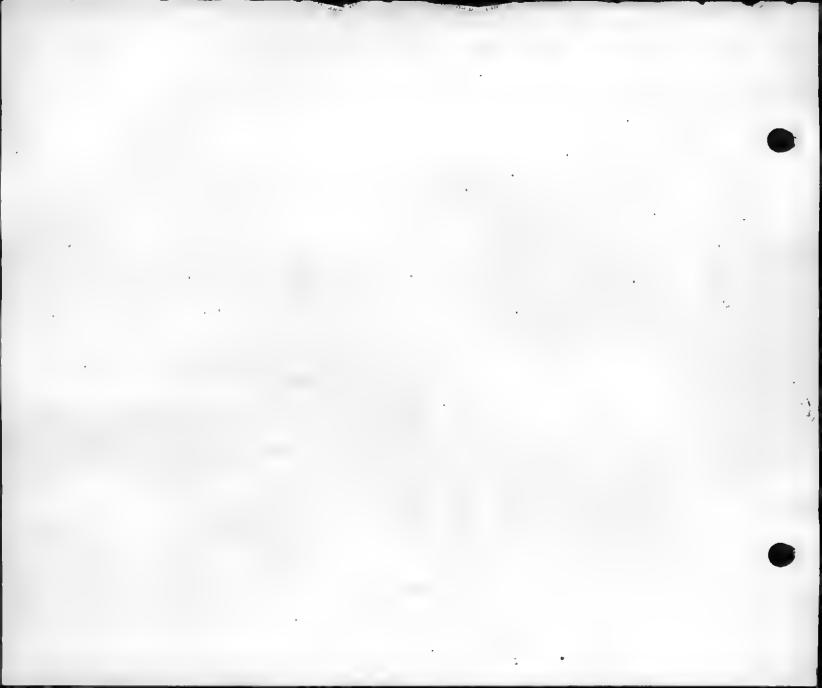
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and in any event,

1968







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17104

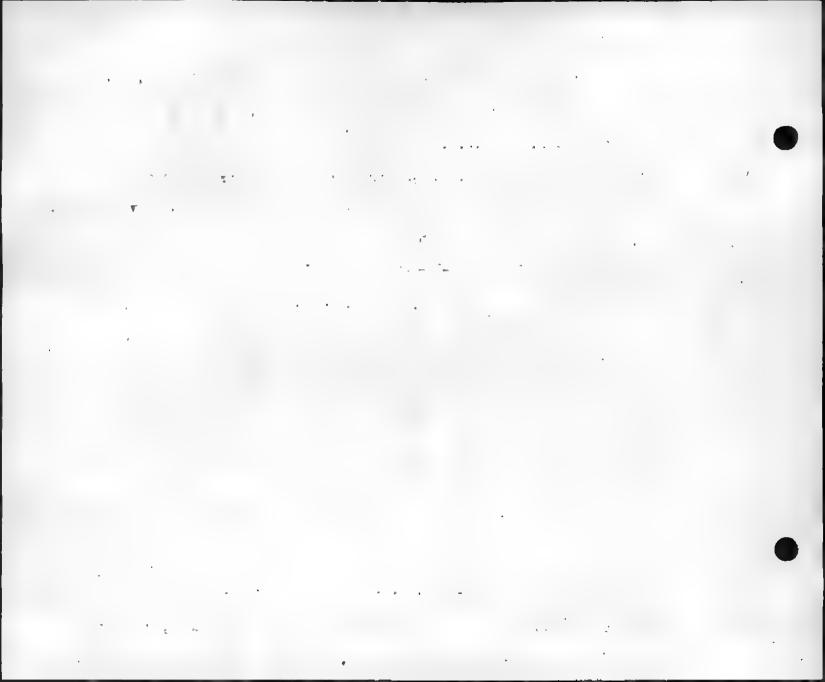
CERTIFICATE OF DEATH DECEASED NAME First Middle 2a DATE OF DEATH 2b. HOUR Seath. nours after death gud Month JG Day (Type or print) ERTHA 4. RACE 3. SEX DATE OF BIRTH 6. AGE (In years IF LINDER LYEAR DE LUMBER 24 MRS last birthday) DAYS MONTHS ! HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) LL.S WIDOWED DIVORCED Baltimora 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired } INDUSTRY #EX the ottending physician una some corbon Home portalesan buriol, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 213c CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e STREET AND NUMBER aw requires that the death certificate be exacuted 13b COUNTY YES TOP 14 EATHER S NAME M ddle IS. MOTHER'S MAIDEN NAME First Last 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknawn) (If was give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARD IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ! burial-transit CUTE MYDIARDIA nse to immediate couse (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause YERTENSIVE ARTERIOSCLEROTIC C. V DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) te has been s use as the balth prior to b be retained by the hospital or attending CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 19a, DATE OF OPERATION 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IN RO NONE NONE NONE Health 1 this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INILIRY 50 HOUR A.M. Manth (If either, natify medical examiner NONE detached 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.E.D. No. OFFICE BUILDING, ETC 3 should be detache with the State Dept. 21d INJURY OCCURRED City or Town State County NE ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from 7-7-65, 9, ta 22-26-, 1965, that (I) (1) last saw the deceased alive an 24-19 of and that in (my) (1) apinian death accurred on the date and haur and from the TO FUNERAL DIRECTOR: After causes stated abave, (1) (42) (did) (did 1) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF 12-30-68 director, page 3 should be filed v DIRECTOR PHYS Page 4 may 22d. PHYSICIAN'S 22e ADDRESS S. EAST AVE 2122 NAME (Type) ... LUST A SCHIMUNEK 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 1-2-1969 25b REGISTRAR'S SIGNATURE AN 2 REGISTRAR FUNERAL DIRECTOR

VR A15 (400)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17105 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First M-ddle Lost 20. DATE KNOWN (Type or Print) JONES ESTI CLAUDE DEATH MATED F UNDER 24 HRS DATE PRONOUNCED DEAD 6 AGE (In years IF UNDER I YEAR 3 SEX 4 RACE S DATE OF BIRTH 8/17/06 M MARRIED T- INEVER MARRIED 7a BIRTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH "our Wirginia Baltimore W:DOWED DIVORCED [ Give Poges 10. CITY OR TOWN OF DEATH TOWSON 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office plang with MOUSICOnstruct give street raddress ) I oseph during missingly-warring life, even if ret red.) Baltamon 130 USUAL RESIDENCE, (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d MSIDE GTY LIMITS? 13e STREET AND NUMBER WIER Route YES NO Pasadena in Item 1 14 FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME First Middle Jones Moore Frank Tda forwarded to the Chief Medical Examiner's pages 16a WAS DECEASED EVER IN U.S. ARMED FORCES? pencil **16b. SOCIAL SECURITY NO** 17. INFORMANT (Yes no, or unknown) lrs Lector Jones, Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT within 1B CAUSE OF DEATH (Enter only one couse per line) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) # DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gove rise to immediate cause (a), This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 be used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? NO Z 21g EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. DICAL CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F.D. No. City or Town County State factory, office building, etc.) 5 moy be retained for your O FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection -Inquiry end in my opinion Notural couses Accident . deoth resulted from Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER Heolth F. O'Donnell, M.D. Charles ADDRESS(Street, city, town, or county) 23g BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Calvary Cemetry 24. FUNERAL DIRECTOR VR A15ME [5] Carroll Funeral North Ave





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17107 Item6 FilmGt08 1/6/69 kk CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE OF DEATH 2b. HOUR = executed within 29 nours after death and (Type or print) DECEMBER 28,1968 ALFRED ALBERT KEEFER 2:30% 6 AGE (in years ost berthday) 3 SEX A RACE S DATE OF BIRTH IF JHDER I YEAR IF UNDER 24 HRS WHITE MALE 10/17/1919 papers: 1 70 BIRTHPLACE (Stote or foreign 76. CIT ZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. WIDOWED [ DIVORCED [ BALTIMORE ID. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street address) OSEPH HOSPITAL during most of working life, even fretired) BALTO. TOWSON 4 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 1746 WHIT 3d MSIDE CITY LINETS? adm ss on) STATE MARYLAND NO 🛣 WHITE OAK ROAD 21234 YES 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Lost Veronica Abbott Albin B ease Keefer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT T6b, SOCIAL SECURITY NO Yes, no, or unknown) signed by the attending pitysi burial-transit permit. Then al burial, cremation, or removal, 16 9697 family records OR ATTENDING PHYSICIAN: The law requires that the death cert' APPROXIMATE INTERVA. 18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY-IMMEDIATE (ALSE (o) Intra Cetebral Hemorrhage Right DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Hypertensive Cardiovascular Disease rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO [ Page 4 may be retained by the haspital ar 210 ACC DENT WAS UNDERLYING 216 TIME OF NIJRY 21c HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Port 2, Item 18) ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M Month Doy Year 21d INJURY OCCURRED 21e PLACE OF INLURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street of R.F.D. No City or Town While Not while at work 220 I certify that (I) (this hospital) attended the deceased from Dec. 21 , 1968 , to Dec. 28 , 1968 , that (I) (we) last sow the deceased alive on Dec. 28 , 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS PHYS DEC. 28, 1968 director, page 3 should be filed 22d PHYS CIAN S 22e ADDRESS Christine Feliciano M.D. NAME (Type) 7620 York Road, Towson 4, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23a BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Moreland Memorial Pk ial Pk Balto County.
250 REC D BY REGISTRAR 250 REG STRAR S SIGN burial 24. FUNERAL DIRECTOR VR A15 (4) DATE DEC 3 1 1968 Icharles Judge F. EVANS & SON 8802 Harford Road



230 BURIAL, CREMATION

24 FUNERAL DIRECTOR

23h DATE

New Cathedral Cemetery

NAME OF CEMETERY OR CREMATORY

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

21229 DATE UEC 3 0 1968

23d LOCAT ON (City or Town)

Baltimore, Maryland

Howard H. Hubbard, 4107 Wilkens Avenue

12-31-1968

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17109 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20 DATE OF DEATH death. 24 hours after death. and (Type or print) KELLY Virginia R 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years F JNOER 1 YEAR last birthday) 74 YRS HOURS 8-15-1894 White Female 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) Baltimore U.S.A. WIDOWED 56 DIVORCED [ Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR St. Joseph Hospital during most of working life, even if retired.) INDUSTRY Towson 30. USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CTY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE
Maryland 13b. COUNTY 1711-D Waverly Way YES TOTAL remaye Baltimore requires that the death certificate be exec Aud 14 FATHER S NAME Fifst Middle Lost IS MOTHER'S MAIDEN NAME First Lost Anthony P. Rice 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, gg, or unknown) 217-48-6099 Mr. Robert ar removal, White Oak Ave. APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Terminal carcinomatosis, primary in colon IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove a rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the Acute gastric dilatation O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFY NG CAUSES OF DEATH? for use Health YES St NO 🔲 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Port 2, fem 18) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d N.JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 211 LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a 1 certify that 1) (this haspital) attended the deceased from 12/16/ , 19.68 , ta 12/16/ , 19.68 , that 10 (we) last saw the deceased from 12/16/ , 19.68 , and that in (my) (aur) apinian death accurred an the date and hour and from the be retained causes stated abave, (N (we) (d.d) (did nat) view the bady after death. 22c DATE SIGNED 12/16/68 22b. SIGNATURE ATTEND NG MED DIRECTOR r, page 3 be filed M.B. DEGREE PHYS 22e. ADDRESS 22d PHYSICIAN'S Reyhaldo Orjuela-Gomez, M.D. NAME (Type) 7620 York Rd. Towson, Md. 21204 director, should b 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION (Stote) REMOVAL (Specty) Baltimore, Auryland New Cathedral Cemps REGISTRAR 24, FUNERA, DIRECTOR 25b. REGISTRAR'S SIGNATURE Moran, Inc. 3000 C. Baltimore St. DATE DEC 2 0 1968

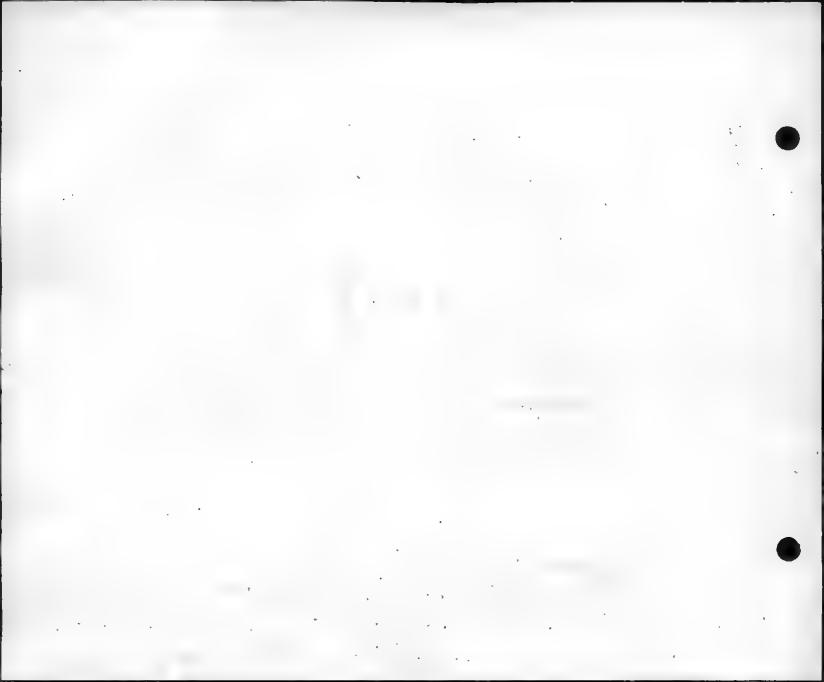


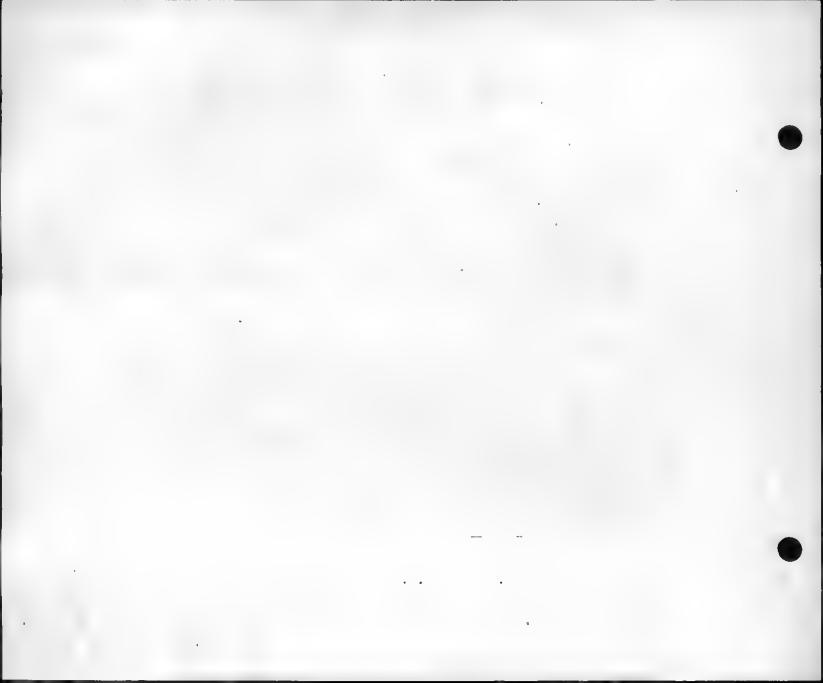
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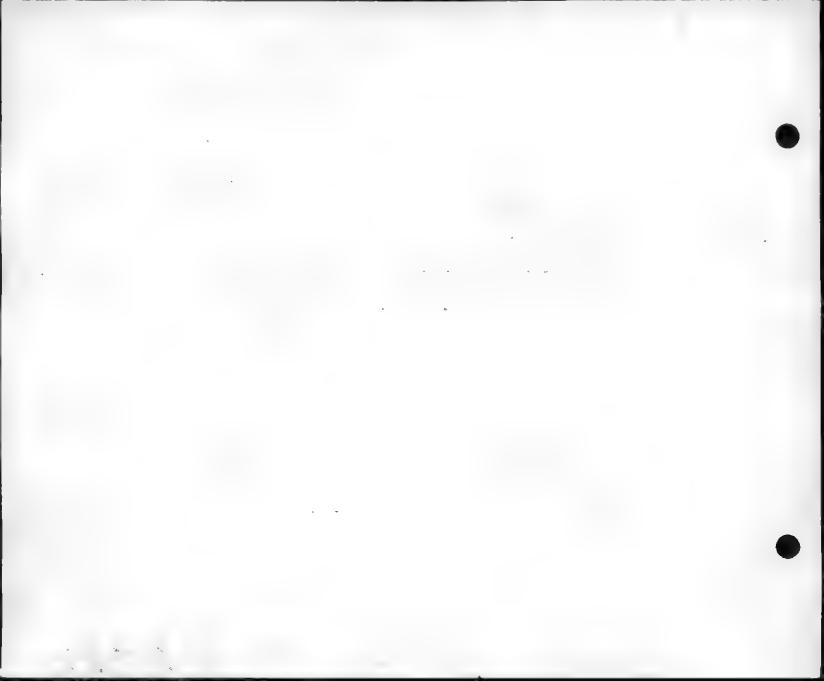
CERTIFICATE OF DEATH

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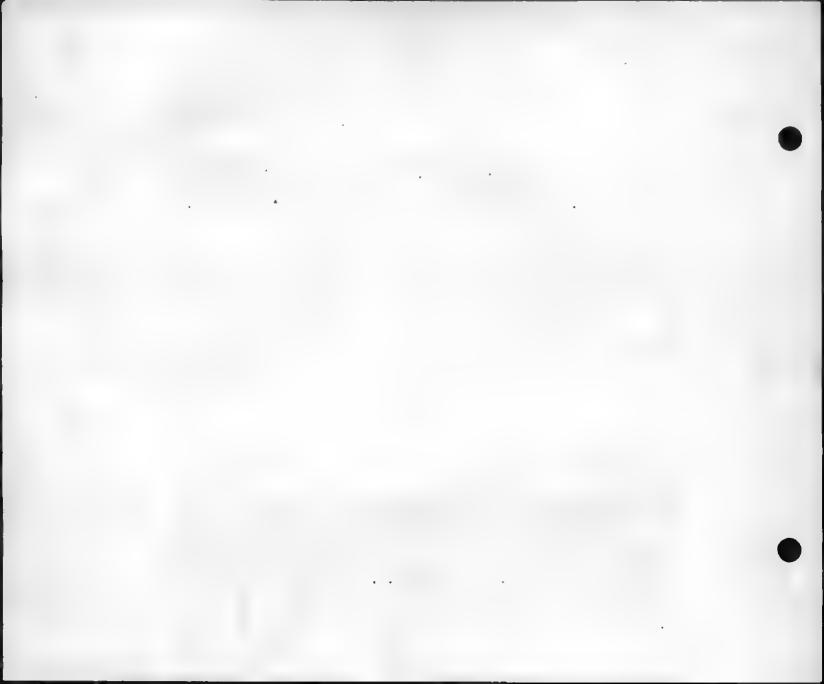
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216 INJURY OCCURRED  While Not While At Work A Wore	불고 우		PRIMARY OR CONTRIBUTING	HOJR A.M.			,		, , , , , , , , , , , , , , , , , , , ,		
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opin death resulted from. Natural causes , Accident X, Suicide , Homicide , Undetermined manner .  CHIEF MEDICAL EXAMINER	INE)	WED	21d INJURY OCCURRED 21e	PLACE OF INJURY (At he	ome, form, street,		or R.F.D. No	City or Town	Count	ly	Stote
death resulted from. Natural causes Accident X, Suicide , Homicide , Undetermined manner   CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Charles S. Springate, M.D.  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  Charles S. Springate, M.D.  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  230 BUR AL (REMAT ON, BROWAL (Specify)  ADDRESS (Street, city, town, or county)  230 BUR AL (REMAT ON, BROWAL (Specify)  ADDRESS ADDRESS 250 REGO BY REG STRAR 250 REG STRAR 5 SIGNATURE  VR ALSME (5)  VR ALSME (5)  CHIEF MEDICAL EXAMINER   DECEmber 2, 1968  ADDRESS 250 REGO BY REG STRAR 250 REG STRAR 5 SIGNATURE  DATE OF C. 9 1968  OTHER DECEMBER OF CEMETERY OF CREMETORY 250 REG STRAR 5 SIGNATURE  DATE OF C. 9 1968  OTHER DECEMBER OF CEMETERY OF CREMETORY 250 REG STRAR 5 SIGNATURE  DATE OF C. 9 1968  OTHER DECEMBER OF CEMETERY OF CREMETORY 250 REG STRAR 5 SIGNATURE  DATE OF C. 9 1968  OTHER DECEMBER OF CEMETERY OF CREMETORY 250 REG STRAR 5 SIGNATURE  DATE OF C. 9 1968  OTHER DECEMBER OF C. 9 1968	(AM) je 4 four age crem		WHILE AT WORK AT WORK	ctory, office building, e	Woods		Wood	dlawn	Baltim	ore	Md.
CHIEF MEDICAL EXAMINER  ACTUAL  SIGNATURE  EXAMINER'S  NAME (Type)  ADDRESS (Street, city, town, or county)	Cecul Gecul Pag for )		22o. I certify that I t	aak charge of the r	emains described a	bove, held an Auto	opsy 🔀 , los	spection 🔲, 🛮 Inqu	гу 🔲 , а	nd in my	y opin ar
ACTUAL SIGNATURE  SIGNATURE  EXAMINER'S NAME (Type)  ASSISTANT MED CAL EXAMINER XX  DEPUTY MEDICAL EXAMINER XX  DE	Ed to Burner to		death resulted from.	Natural causes	Accident 2	c], Suicide 🔲,	Homicide	Undetermined mo	inner 🗌		
EXAMINER'S NAME (Type)  Charles S. Springate, M.D.  ADDRESS(Street, city, town, or county)  230 BUR AL (REMATON, BROWN) 12/4/88  231 DATE   232 NAME OF CEMETERY OR (REMATORY   234 LOCATION (City or Town)   (County)    235 BUR AL (REMATON, BROWN)   236 DATE   236 NAME OF CEMETERY OR (REMATORY   236 LOCATION (City or Town)   (County)   (Stote)    24 FUNERA, DIRECTOR   250 REG STRAR   250 REG STRAR	leos directan Etann DIRI r to		Col.		_) /						
230 BUR AL (REMATON, BUNDAL (Specify) 12/4/68 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town) (County) (Stote)  PROPERTY 230 BUR AL (REMATON, 23d LOCATION (City or Town)	Ty, P y, P real real real prior		SIGNATURE	MJU	7	- MED		CHILLIAN CENT			160
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PRINOVAL (Specify) 12/4/68 Balta National Cometers Baltimore, Maryland  24 FUNERA, DIRECTOR  VR AISME (5)  VR AISME (5)  VR AISME (5)  VR AISME (5)  PATE OF C. 9  1969  OF Comments  DATE OF C. 9  DATE OF C		230	* * * * * * * * * * * * * * * * * * * *	DATE/ C	23c NAME OF CEM				(County	(St	tote)
VR ALSME (5)  24 FUNERA, DIRECTOR  ADDRESS  250 REGO BY REG STRAR 250 REG STRAR 250 REG STRAR 3 SIGNATURE  VR ALSME (5)  VR ALSM		-	REMOVAL (Specify)	2/4/68	Balto. No		neterin E	Baltimers.	Mary	lan	d
10M REV 1/88 4 HMBrose LNO. 1328 Salphur Joka. DATELEC 9 1968 Atheres Judge	(A)	24		<b>7</b>	ADDRESS	) (	250 RECO BY RE				
		1	norose INO.13	3285 a/0	hur Jok	d	DATEUEC 9	1968 90	lionles	Juda	٤,



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH 2b HOUR CNRY 4. RACE S DATE OF BIRTH FUNDER YEAR IF UNCER 24 HRS 6 AGE ( n years los birthooy) MONTHS HOURS 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED THEVER MARRIED WIDOWED [ DIVORCED [ m 0,2 c 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done MOUSTRY P during most of working life, even if retired.) 13e STREET AND NUMBER 13b. COUNTY Myddle /lost IS MOTHER'S MAIDEN NAME First M.ddle Address ( APPROXIMATE INTERVAL BETWEEN-ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO Z 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. Month Day Year P.M. AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R F.D. No. City or Town County Stote

signed by the attending physician and campletely filled in by the ineral burial-transit permit. Then please remave carban papers. Pages I and 2 wirial, crematian, ar III maval, and in any III within 72 hours affer death. xecuted within 24 haurs after death 70. BIRTHPLACE (State or foreign country) 10 CITY OR-FOWN OF DEATH OWSBN 130. LSUAL RESIDENCE (Where deceased lived, if institution—Residence before admission) STATE 14 FATHER'S NAME MRY 16g. WAS DEFEASED EVER IN U.S. ARMED FORCES2 Yes, no lot unknown) (If yes gev attending physical Then p 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gove ) rise to immediate cause (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) te has been s use as the latth prior to !! 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED Health 1 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner) be detached directar, page 3 shauld be detache should be filed with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1900, to 1700, to 1700, 1900, that (I) were last saw the deceased alive an 1900, and that in (my) (aur) apinion death occurred on the date and haur and from the TO FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did nat) view the bady after death. Dead ut st fue 18 hr efter allowson 22b. SIGNATURE ∠2c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE BURIAL, CREMATION, OF CEMETERY OB CREMATORY (Stote)

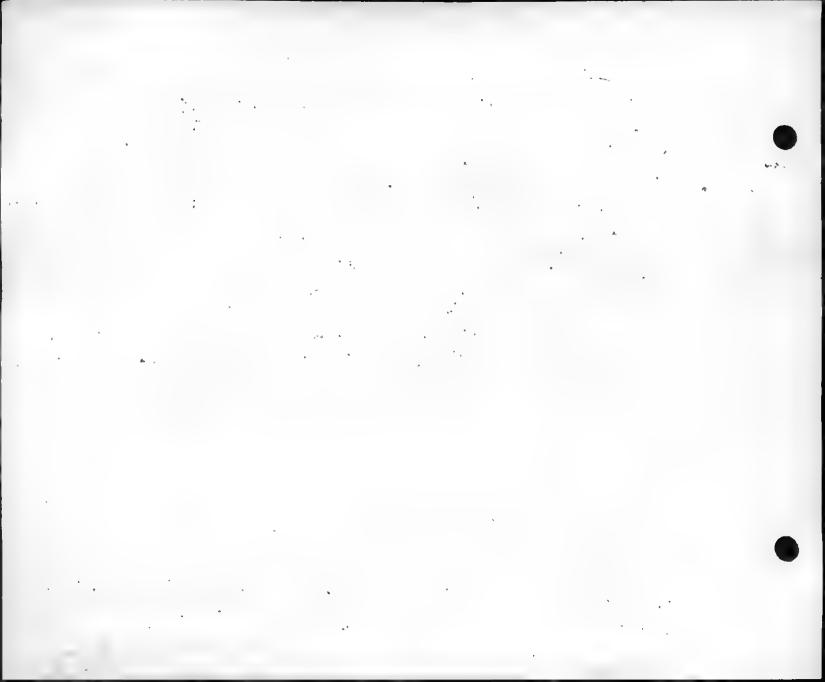
VR A15 (4), 30M REV 1/68

24. FUNERAL DIRECTOR

1. DECEASED NAME

3. SEX

(Type or print)



within 24 haurs after death

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

this certificate has been

O FUNERAL DIRECTOR: After



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	17196	DIVISION OF	CERTIFICATE OF DEATH							
		rst	Middle		Lost	20. DATE OF DEATH		2b_HOUR a		
(1	ype or print) DOR	OTHY	PEARL	KOTL	ARZ	12 Month 14 Do	Y68 Yeor	1:40 M		
3. SE		4. RACE			S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF JHOER 24 HRS.		
	FEMALE	CAU	JCASIAN		10-19-12	56 YRS	MONTHS DAYS	HOURS MIN		
	BIRTHPLACE (State or foreign nitry) PENNA	76 CITIZEN OF WE	iat country?	8. MARRIED ( WIDOWED	W INTARK WHICKIED	COUNTY OF DEATH BALTIMORE		Md.		
10. (	ITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN	1	A diamental	OCCUPATION (Kind of work done to f working life, even if retired)	12b. KIND OI INDUSTRY	BUSINESS OR		
L	OWSON			TO MED	CENT.	T OT WORKING LITE, EVEN IT FETIFECT }	INDOVIKT			
13o. odm	LSJAL RESIDENCE (Where decission) STATE	eosed lived, if institut	CATIMORE	DUND		4	TY P	KWY.		
14	FATHER S NAME First	Middle	Lost	IS	MOTHER'S MAIDEN NAME FIRE	t Middle		Lost		
	STHNLEY	KRAW	CZAK	\.	EARL DORR	ONIECKI				
160.	WAS DECEASED EVER IN U.S. / 'es, no, or ynknown) (If yes gr	ARMED FORCES? ve war or dates of service)	NONE		NEORMANT	KOTLARZ Address	P45 1	NAIB		
	18, CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME		ne for (o), (b), and (c).  BRAIN TU	,				IMATE INTERVAL ONSET AND DEATH		
	0101	DUE TO, OR A	S A CONSEQUENCE OF							
	Conditions, if ony, which gov rise to immediate couse (a				<u> </u>					
	stoting the underlying cous		S A CONSEQUENCE OF							
	<u>los†</u>	(c)								
					THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)				
NO	2 /	CLEROTIC (								
CERTIFICATION	190. DATE OF OPERATION	96. CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	YES NO X	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING			
ERTI	YES NO ACCIDENT WAS UNDERLYING 1215. TIME OF INITIALY 215. HOW INITIALY OCCURRED. (Finer notice of inverse in Port 2 from									
MEDICAL (										
W	21d. INJURY OCCURRED Wh.le Not while of work o									
	22a. I certify that A9 (	(this haspital) atte	ended the decease	ed from		5_, ta_12=14, 10	68 , tha	t (I) (We) last		
	saw the deceased	alive on 12-	1.31	19 <u>68</u> and	l that in (my) (a@f}%opin	ion deoth occurred an the d	ate ond havr	ond from the		
	couses stated abo	ove, (i) (wg) (did)	(cycypor) view the	poay arrer c	learn.					

**TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and completely filled in By the fune director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remaye carban papers. Pages 1 and 2 shauld be director, page 1 and 2 shauld be diled with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

22b SIGNATURE

22d. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

SUNERAL PRECTOR

230

PAUL

23b. DATE

J.EDGAR

ed within 24 har

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.

235 NAME OF CEMETERY OR CREMATORY
SIGNAME
SIGNATURESS, MARCHA 2

23d 1

22e ADDRESS 6701 N.CHARLES

ATTENDING PHYS

DEGREE

LOCATION (City or Town) (Count )

(County) (Stote)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STAFF PHYS.

ST.

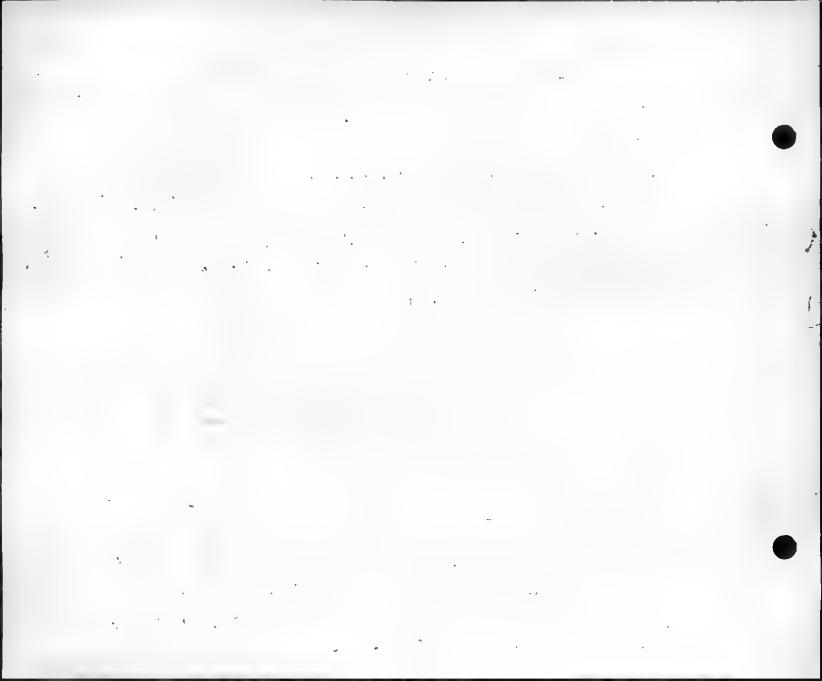
DATUEC 1 7 1968

MED. DIRECTOR

Milarles Judge

22c. DATE SIGNED

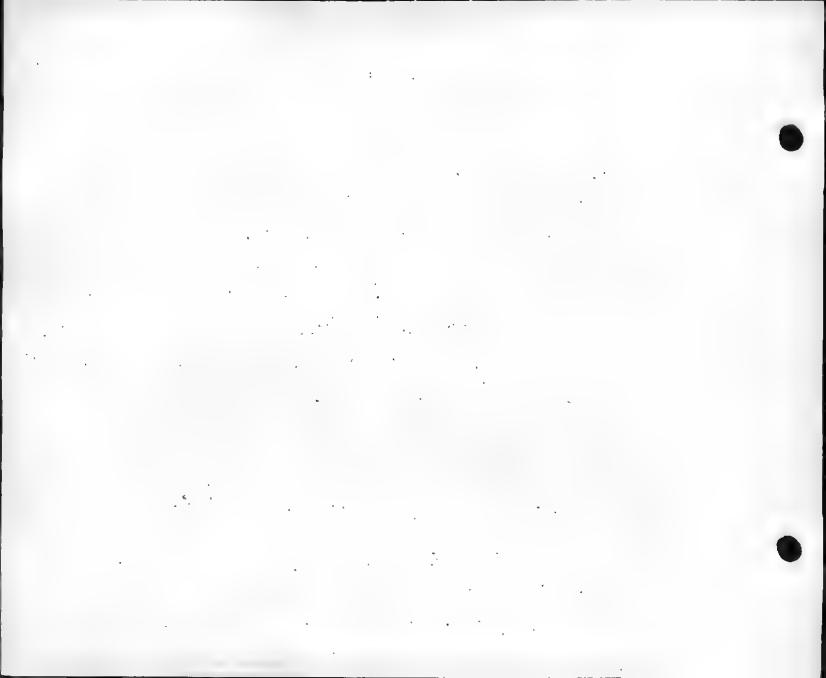
12-14-68



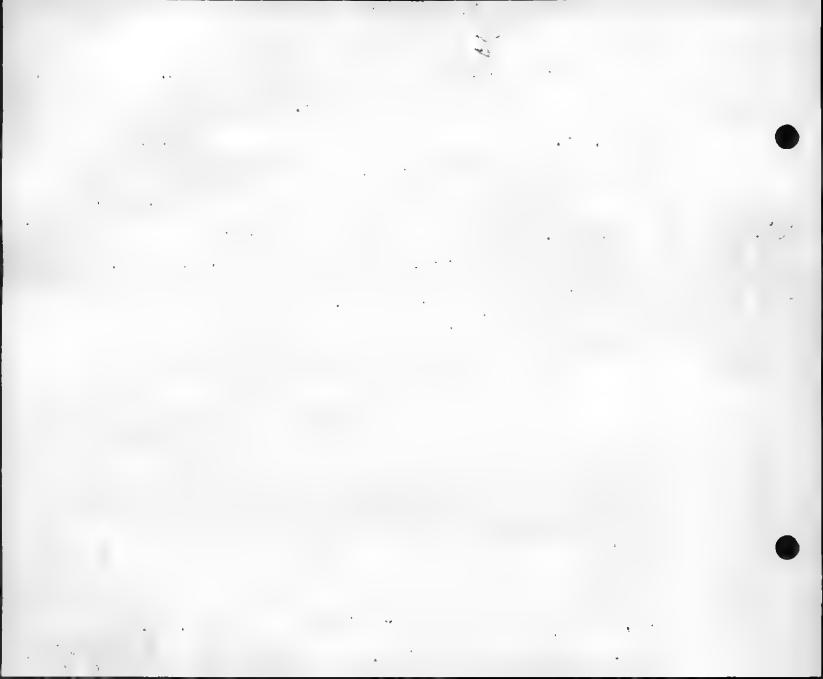


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH 2b. HOUR M.ddle 1. DECEASED NAME First (Type or print) WILLIAM KRAMER 5. DATE OF BIRTH 6 AGE (In years IF HINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 24 hours after DAYS lost birthdoy) 905 MAR YRS by the attending physicion and compl**isted fil**led in by the transit permit. Then pleose remove carbon papers. Pag cremotion, or removal, and in any event, within 72 hours or 9. COUNTY OF DEATH 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED . NEVER MARRIED (ountry) BALTO. WIDOWED DIVORCED 4 MO 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most af warking life, even if retired.) **INDUSTRY** ESSEX requires that the death certificate be executed with 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY BALTE ESSEX S. GOELLER 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle KRAMER WILLIAM DORA REDMERS 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) JOHN 74 WILTSHIRE APPROXIMATE INTERVA. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) burial-tronsit permit. Conditions, if any, which gave rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO LIFE TERMINAL d for use os the of Health prior to O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 1B.) OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Doy (If either, notify medical examiner) be detached ( AT HOME, FARM, STREET, FACTORY, ) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION Street or R F.D. No. City or Town County State While Not while at work ot work 220. I certify that (I) (this hospital) ottended the deceased from Volume 1960, to 1960, to 1960, that (I) (we) last saw the deceased alive an increase of the deceased from t causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. director, page S shauld be filed 22e, ADDRESS PHYSICIAN S (State) 23c NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION 23b DATE (City or Tawn) MERELAND FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 30M REV, 1/68 300 MACE SONS DATENFO



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 📑 🎀 🛊 🧐 CERTIFICATE OF DEATH 2b. HOUR 2a DATE OF DEATH Lost 1. DECEASED-NAME and 2 death. executed within 24 haurs after demth (Type or print) 6.30M Elvira Kruelle IF UNDER 24 HRS. 4 PACE 6 AGE (In years F JNDER 1 YEAR 3. SEX 5 DATE OF BIRTH lost birthdoy) 24.14 Apr. 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED XNEVER MARRIED 70 BIRTHPLACE (State or foreign Balto. Md. DIVORCED [7] Baltimore WIDOWED | 120, USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH during most of working life, even if retired) INQUSTRY Ridglev Oak Bank Towson 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c OTY OR TOWN 38 INSIDE CITY JIMITS? 13e STREET AND NUMBER burial, cremation, ar removal, and in any event, 13b. COUNTY Ridgdev Oak ease remave Towson IS, MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Howard W. Shamleffer Carrie Bauer requires that the death certificate Address 16b. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? lit yes give war or dates of service Yes, no, or unknown) Same 212-05-7159 Mathias Kruelle APPROXIMATE NIERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY mil DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar to O FUNERAL DIRECTOR: After this certificate has been 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUT NG CAUSE OF DEATH HOUR A.M. Month Doy Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 23f LOCATION Street or R.F.D. No. Stote 21d, INJURY OCCURRED City or Town County White Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1111 w, 19 66, to 14 100, 19 67, that (I) (we) last saw the deceased alive an 10 000 19 68, and that in (thy) four) opinion death accurred on the date and haur and from the director, page 3 should should be filed with the causes stoted phove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE/SIGNED STAFF PHYS. ATTENDING Myma DEGREE [huw PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE 230 BURIAL, CREMATION, Buria I Gardens Faith Balto. Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR P.A. Heemann 6067 Harford Rd. 30M REV 1/68





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	17111		CE	RTIFICA	TE OF D	EATH	, , , , , , , , , , , , , , , , , , , ,		1712	1	
	DECEASED-NAME (Type or print)	First	Middle		Last		20 DATE OF	DEATH Manth Day	Vana	2b. HOUR	
L		ARGARET .	ANNE		LAM			12- 31-	68	7:10	
3	FEMALE	4 RACE WHIT	Œ	S.	6-4-19			6 AGE (n years lost birthdoy) 67 YRS	F JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOJRS Min	
70 (0	BIRTHPLACE (State or fore	gn 7b CITIZEN OF WHAT U.S.A.		MARRIED	NEVER MARRIE		COUNTY OF			Md	
10	Towson		AE OF HOSPITAL OR INSTIT	TION (If not the Hospit		120 USUAL during mas	OCCUPATION (	Knd of work done	12b. KiND OF	BUSINESS OR	
13e od	o USLAL RES DENCE (Where mission) STATE Maryland	deceased lived, if institution 13b. COUNTY	n: Res dence before   13	Towso		INSIDE CITY LAND	73	ET AND NUMBER  E. Chesap	eake A	ve. 04	
14	. FATHER'S NAME First	Middle rge Kyger	Lost	IS. N	OTHER'S MAIDE Gernie	N NAME Firs				Last	
16	o. WAS DECEASED EVER IN I Yes, no no unknown) (H	J.S. ARMED FORCES? yes give war or dates of service)	16b SOCIAL SECURITY NO	17 INFO	RMANT Leonar	d Kyge	er Mo	Gaheysvil	le, Vir	ginia	
	Cand sions, flony, which rise to immediate caus stating the underlying lost.	(b) DUE TO, OR AS	A CONSEQUENCE OF  Cirrhosis  A CONSEQUENCE OF	s of t	he live		UDITION OUT	A DARY V.			
NON	PART 2 OTHER SIGNIF CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY2 1200, IF YES WERE ENDINGS CONSIDER										
CERTIFICATION	19a. DATE OF OPERATION			YES NO CAUSES OF DEATH?						ERIIFYIMG	
MEDICAL C	Or CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  HOUR A.M. Month Day Year  P.M.  19							tem 18)			
W	While Not while at work at wile								County	State	
	sow the deceo	220. I certify that (1) (this hospital) attended the deceased from 9-29-68, 19-68, to 12-31, 19-68, that (1) (we) lost sow the deceased alive on 12-31. 1968, and that in (1) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death									
	22b S.GNATURE  22d PHYS CIAN S NAME (Type)  G1	Gerachet Berief - 12 Degree PHYS Director Director 12-31-68									
230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 1-2-1969	23c NAME OF CEM Mt. Oliv		MATORY		23d LOCATION	eysville,	(County)	(Stote)	
24	FUNERAL DIRECTOR		ADDRESS	-	250	RECD BY	REGISTRAR	25b REGISTRAR S			
W	lm.Cook-Brook	s Towson 10	050 York Ro	ad Tow	Son D	JAN	3 19	169 stille	way lo	where.	

VR A15 (4) 45M 1/69

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then pease remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event within 72 hours af

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

Page 4 may be retained by the hospital or attending physician.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17123 CERTIFICATE OF DEATH 1. DECEASED NAME Middle (LEMPEL, LAMPELL) 2a. DATE OF DEATH 2b. HOUR puo (Type or print) 3. SFX 4. RACE 6 AGE (In years IF UNDER 1 YEAR MaLE WHITE 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ultimore WIDOWED | DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR CLOTHING 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed YES 🔣 buria, cremation, or removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First hampe. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates at service) Yes, no ar unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if on , which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse( PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO F certificote 21a ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. (If e ther, natify medica examiner)-21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. County City or Town State While Nat while at wark 22a. I certify that (!) (this naspital) attended the deceased from VEC 3, 1968, to VEC, 6, 1968, that (!) (we) last saw the deceased alive an VEC, 6, 1968, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (!) (we) (d.d) (drd nat) view the body after death O FUNERAL DIRECTOR: 225 SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE director, poge should be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Philip Bernstein, M.D. 112 Chartley Dr., Reisterstown, Md. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) RamovaEBURTAL Flushing, Long Island, NewYork 12-8-68 MT. HEBRON ADDRESS 2St REC D BY REGISTRAR 25b. REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD DATE OEC 1 0 1968 30M REV 1/68



lzou

LANDA

IF UNDER I YEAR

(If yes give war ar do es of service)

S DATE OF BIRTH April 2, 1896 8 MARRIED NEVER MARRIED D VORCED WIDOWED 50

3d INSIDE CITY LIMITS?

lost birthday) 9 COUNTY OF DEATH

6 AGE (In years

2b HOJR

IF JNDER 24 MRS

Lost

APEROXIMATE NTERVAL

BETWEEN ONSET AND DEATH

Baltimore.

20 DATE OF DEATH

120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY

13e STREET AND NUMBER 318 Townsend Rd.

Middle

S MOTHER'S MAIDEN NAME First MARIE 6h SOCIAL SECURITY NO 17 INFORMANT

Baltimore

PALAK

MARIE GRBAN

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))

Acute myocardial infarction

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21b TIME OF INJURY

causes stated above, M. (we) (did) (and har) view the pody after death

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN TO PART 1(a)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Doy Year

20o. AUTOPSY? YES 🕱

206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

CAUSES OF DEATH® NO [

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)

City or Town

(If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY) 21f LOCATION Street or R.F.D. No. While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 11/23/ 19 68, to 12/12/ 19 68, that (1) (we) last saw the deceased alive on 12/12/ 19 68, and that in (1) (aur) apinion death occurred on the date and hour and from the

HOUR A M

County

Stote

(State)

22d PHYSICIANS Samuel C.H. Lee, M.D. NAME (Type)

23b DATE,

PHYS 22e. ADDRESS

MED. DIRECTOR

22c DATE 5 GNED 12/12/68

230 BUR AL, CREMATION 24 FUNERAL DIRECTOR

22b. SIGNATURE

Yes, no, or unknown)

PART I. DEATH WAS CAUSED BY.

Conditions, if ony, which gove ) rise to immediate cause (a).

stating the underlying causes

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

19a DATE OF OPERATION

REDEEMER ADDRESS

250 REC D BY REG STRAR

BALTE.

23d LOCAT ON (City or Town)

7620 York Rd., Towson, Md. 21204

25h REGISTRAR'S S GNATURE

VR A15 (4) 45M 1/69

director, page 3 should be filed v

requires that the death certificate be executed within 24 hours ofter death

completely filled in by the

and in gr

or removo

signed by the buriel-tronsit p

has been s as the prior to

Page 4 may be retained by the hospital or or or FUNERAL DIRECTOR: After this certificate

G. CONNELLY SONS

300 MACE

23c NAME OF CEMETERY OR CREMATORY

DEGREE

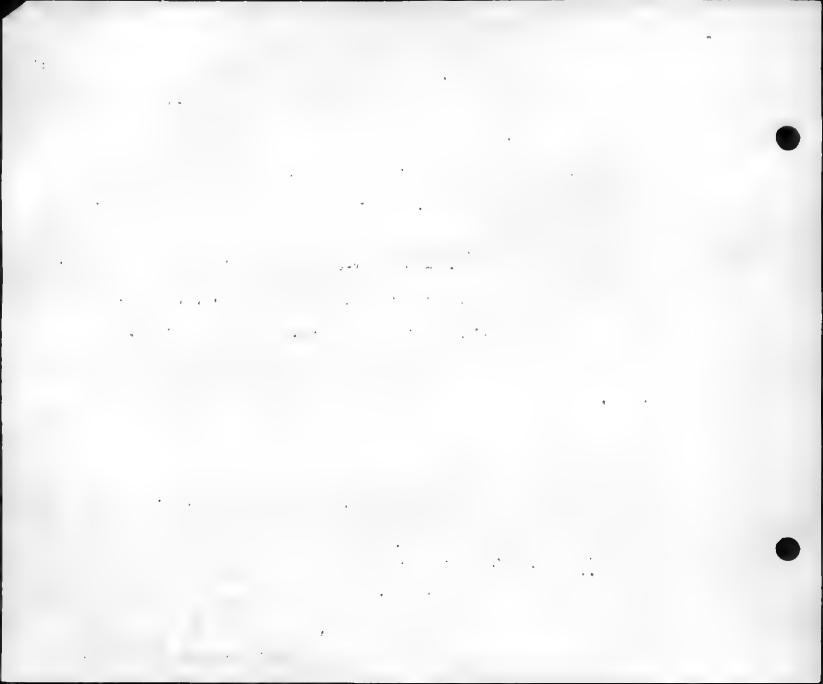
DATE OF C 1 6 1968



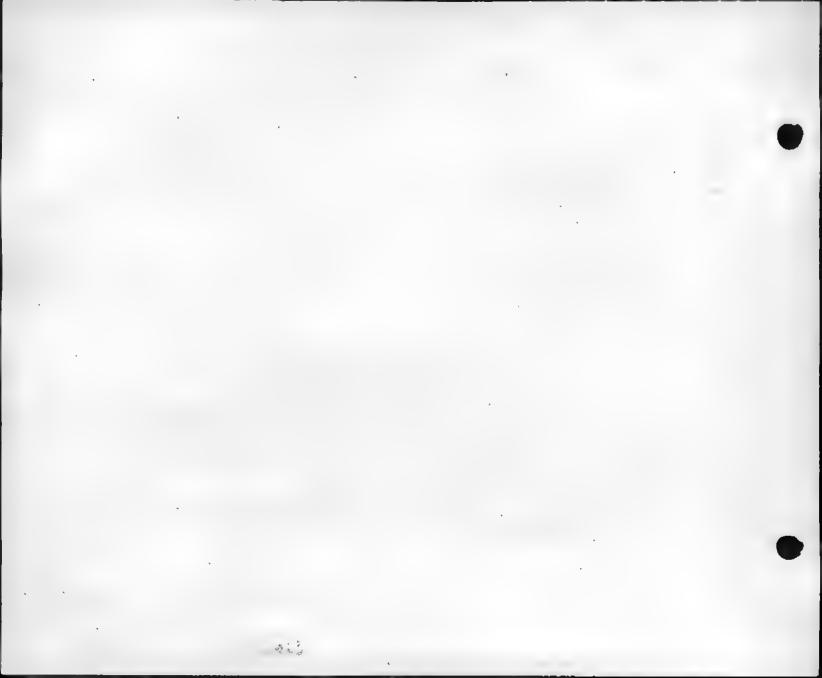
place temove carbon papers, Agges I and 2 if und in ony event, within 72 both after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicienter, page 3 should be detached for use as the burial-transit permit. Then plantly be should be filed with the State Dept. of Health prior to burial, cremation, or removal, Poge 4 may be retained by the hospital or attending physicion.

OM REV.

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Fi	emsl4,15,16 lm0407 12/1	9/68	AIZION OF AI	IAL RECORDS,	301 W. H	KESTON STR	EEI, BALIIN	NURE, MI	AKTLAND 2	1201	1712	25
<u> </u>			T. W. II	2.0	LEKTIFI	CAIL OI	DEATH					
	ECEASED-NAME Type or print)	First		Middle	40	Lost		2o. DATE (	OF DEATH Month	e Dov -	A C Year	126 HOUR
		Glad	*	I.	Lau	binger		ne			1968	n. M
3 \$		4	RACE white			S DATE OF BIR	ch 20,	1010	6 AGE (in y		IF JINDER 1 YEAR AONTHS DAYS	IF UNDER 24 HRS HOURS MIN
<u>_</u>	female				10					YRS		
70	BIRTHPLACE (State or fore natry) Virginia	ign 7b.	U. S.	COUNTRY?		NEVER MARK	OED _	COUNTY O				
$\perp$					WIDOWED			Balti			1	Md
10	CITY OR TOWN OF DEATH			OF HOSPITAL OR IN		•			ON (Kind of wor		12b. KIND OF INDUSTRY	BUSINESS OR
	Catonsville		/						g fe, even if r			
	USUAL RESIDENCE (When		véd, it institution. 13b COUNTY		13c CITY O		YES NO		STREET AND NUT		Ch	
-	Md		Pr	Geo.		attsvil			810 Og		rpe St.	
14.	FATHER'S NAME First		Middle	Last		S. MOTHER'S MAI				1.ddle		Lost
16.	Christop WAS DECEASED EVER IN				NO. IT	INFORMANT	ose E.	Turne		dress		
	res, no, or unknown)	f yes give war or d	lotes of service)	7 SOCIAL SECURITY		Records	SPRIV	G GRO			HOSPIT	AI.
=	no		[4 7	<u> </u>		- COOL OB	0114	O GIVE	7123 011		APPROXI	IMATE INTERVAL
	18 CAUSE OF DEATH ( PART I, DEATH WA					th con	resti	re hi	t fai	lune		ONSET AND DEATH
П	IMMEDIATE CAUSE (a) 11y O dat d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d 1 d											
	Conditions, if ony, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave)  A2 Hong Kong Influenza (presumptive dx.)								3	days		
	rise ta immediate cause (a), (b)								44,50			
	stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  last. 14 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1											
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)											
1	none.											
NOI	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING											
CERTIFICATION	YES NO CAUSES OF DEATH?											
CERT	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)											
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year											
MED	Tit either, natify medical examiner)  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, OFFICE BUILDING ETC.  21f LOCATION Street at R.F.D. No. City of Tawn County State											
ł	at work											
	22a. I certify that (1) (this hospital) attended the deceased from JULY 5, 1960, to Dec. 7, 1968, that (1) (we) last saw the deceased alive on Bec. 7, 1960, and that in (my) (aur) opinion death occurred an the date and hour and from the											
1	saw the deceased alive on											
П	couses stated above, (1) (we) (did) (did nat) view the body after death											
ш	226 SIGNATURE  ATTENDING MED STAFF 11Dec 68											
	22d PHYSICIAN'S	ENTIN	24/100	1	DEG	( **** -		ECTOR L	- Lui? -	l'ATE	HOSPI	
	Page Physician's Name (Type) Anthony J. Young, M.D.  22e. ADDRESS SPRING GROVE STATE HOSPIELL Baltimore, Maryland 21228											
220	BURIAL CREMATION,	23b DATE		23c NAME OF		CDEMATORY			TION (City or To		(County)	(State)
230	REMOVAL (Specify)		1/68	1	r Hill		1		Land, Pr		, ,,	, ,
24	FUNERAL DIRECTOR	12/2	1/00	ADDRESS			2So REC'D BY		25b RE	G STBAR'S S	IGNATURE	
P	Gasch's S	ons 47	739 Balto	. Ave.	Hyatts	ville.	DATEDEC	13 1	968 2	Char	les Jour	lge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17126 CERTIFICATE OF DEATH 1. DECEASED WASA Middle. FIFST Last 20 DATE OF DEATH death. 2b. HOUR requires that the death certificate be executed within 24 haurs after death and (Type or print) and completely filled in by the funeral remove of the condition of the con Month Leiboi 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years F JNDER 1 YEAR IF LINDER 24 MP lost buthday) MONTHS GAYS May 13 Male 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED TI NEVER MARRIED 5 M. Hburg us WIDOWED [ **D+VORCED** 10. GITY OR TOWN OF DEAT 11-NAME OF HOSPITAL OR INSTITUTION ( f not in hospital 20 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working I fe, even if retired ! INDUSTRY OWING OSCWOOD 130 USLAURES DENCE (Where deceased lived, if institution. Residence before 13c CITY 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 14 FATHER'S NAME Lost S. MOTHER'S MAIDEN NAME First M-ddle Łast UNKnaw Elw WOW shysician en please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO TNFORMANT Address Yes, na osunknown) [ (If yes give war or dates of service) burial-transit permit. Thely pl burial, crematian, ar remaval, attending hy OWINGS 18 CAUSE OF DEATH (Enter only one couse per ) ne for (o), (b), pnd (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF signed by the Canditions, if ony, which gove ) rise to immediate couse (a). attending physician. DUE TOWOR AS A CONSEQUENCE OFstating the underlying cause BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) BUTING TO DEATH 68 prior ta l IN ILINITRAL BIRICTOR: After this certificate has been hrew! 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. .F YES, WERE FINDINGS CONSILERED IN CERTIFY NG CAUSES OF DEATH? use Health YES A 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port I or Part detached for by the haspital OR CONTRIBUTING CAUSE OF DEATH Month Doy HOUR A.M. Yeor αţ (If either, notify medical examiner) P.M Dept. (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d, INJURY OCCURRED 21e. PLACE OF INJURY City or Tawa County Stote While Not while of work State [ ATTENDING þe 220. I certify that (1) (this haspital) attended the deceased from 13 Aug †a 1960, and that in (by) (aur) apinian death accurred an the date and haur and from the lle retained 3 should with the causes, stated above () (we) (whil) (did not) view the bady after death. 226 SIGNATUR 22c DATE-SIGNED 30 director, page 3 should be filed Da DEGREE PHYS DIRECTOR PHYSICIAN-S 22e ADDRESS MAME (Type) Carroll COUN Pinge 230 By RIAL, CREMATION 236 DATE 23c. NAME OF CEMETERY OR CREMATORY ION (City or Town) (County) (\$101e) REMOVAL (Specify) Kosewood (emeteru 24. FUNERAL DIRECTOR VR A15 (4), 45M 1/69 Reisterstown.



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17127 CERTIFICATE OF DEATH DECEASED NAME Middle Last 20 DATE OF DEATH 2b HOUR deoth. puo (Type or print) E. DECEMBERONIN 22 Doy 1968 or 2:55Am LETMBACH FREDERICK 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years WHITE AUGUST 20, 1901 MALE 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARR ED Maryland BALTIMORE. U.S.A. WIDOWEDXX DIVORCED | within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY The law requires that the death certificate be executed with TOWSON signed by the ottending physician and complete! burial-tronsit permit. Then please remove carbo event, 13a. USJAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d HIS DE CITY LUMITS? 13e STREET AND NUMBER 1/3b COUNTY 2920 O'DONNELL ST. #21224 BALTIMORE and in any 14 FATHER'S NAME Lost 15 MOTHERS MA DEN NAME First M-ddie Last CAtherine Schreiber George W. Leimbach 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes\_na, ar unknawn) (If yes give wor or dates of service) burial, cremation, or removal, Mrs. Margaret E. Schumann 627 Yarmouth Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN DASET AND DEATH PART DEATH WAS CAUSED BY ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) \_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, If ony, which gove ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) te has been s use os the b Ith prior to b DIABETES MELLITUS 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20o, AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO XX be retained by the hospital or O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ifem 18) PH OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year ō (If either, natify medical examiner) P.M. 2 id. iNuuRY OCCURRED 21e. PLACE OF INJURY / AT HOME, EARM, STREET EACTORY 21f LOCATION Street or R.F.D No. City or Town County State While Nat while at work 22a. I certify that (f) (this haspital) attended the deceased framDecember 11., 1968, toDecember 22, 1968, that (K (we) last saw the deceased alive anDecember 22, 1968, and that in (My) (aur) apinian death occurred on the date and have and from the causes stated above, (My(we) (did) (My) view the bady after death. 22b SiGNATURE 22c. DATE SIGNED **ATTENDING** qualler to STAFF PHYS. director, page 3 D.CEMBER 22, 1968 DIRECTOR 22d PHYS CIANS 22e ADDRESS NAME (Type) TOWSON, MD. #21204 GOKIM, JR., M.D. 7620 YORK ROAD GUALBERTO. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 12-24-68 Oaklawn Baltimore, Maryland 24. FUNERA. DIRECTOR Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Md. 2Sb REG STRAR S SIGNATURE ADDRESS 25a REC D BY REGISTRAR 1968





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 17129 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) December 1968 FRANCIS JOSEPH LITTLE 3 SEX 4. RACE Seminarios r IF UNDER 1 YEAR 6 AGE (In years lost birthdoy) 160700 9. 1922 Male White 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH Delaware USA WIDOWED [ D.VORCED Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR St. Joseph's Hospital Crane operator Chesapeake Crane Towson 30 LSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JACTS? 13e STREET AND NUMBER ddmiss on) STATE Maryland 13b COUNTY YES X NO 1320 Meridene Drive Baltimore 14 FATHER'S NAME John J. 15 MOTHER'S MANDEN AN ME First BM dole Spangleriost 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na cup nown) ("fiyes an war down of service) 218-12-0389 Charlette M. Little Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH MMEDIATE CAUSE (a) Chronic lung disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AttTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO 210. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21B. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County While Nat while at wark

22a I certify that (3) (this haspital) attended the deceased from <u>Dec. 19</u>, 19 68, to <u>Decem. 20</u>, 19 68, that (3) (we) last saw the deceased alive on <u>December 20 19 68</u>, and that in (30) (aur) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (30) view the bady after death 22c DATE SIGNED

NAME (Type) Samuel C. H. Lee. M.D. 23a BUR AL CREMAT ON,

23c NAME OF CEMETERY OR CREMATORY

Cardens of Faith

DEGREE

22e. ADDRESS

7620 Kork Road, Towson 4, Md. 23d LOCATION (City or Town)
Balto. Md.

MED D RECTOR

(County)

December 20,1968

requires that the death certificate be executed within 24 hours after death

and in any event,

please remove

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O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt

22b. SIGNATURE

22d. PHYSICIAN'S

Bus DAT (Specify)

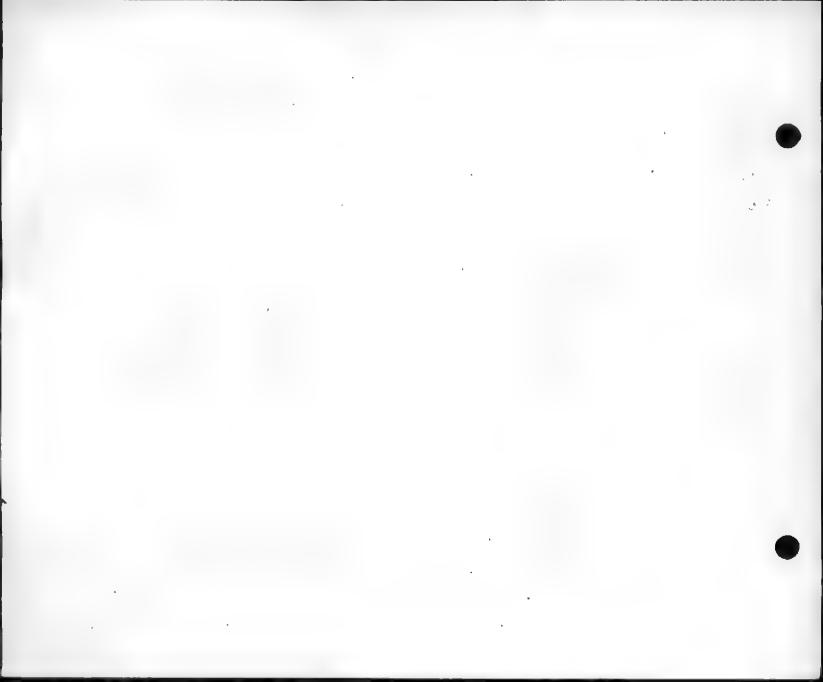
O FUNERAL DIRECTOR: After

Ruck Inc. Balte. McDDRESS 250 PEDLY EGITRA 250 250 5305. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17132 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Last 2a DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death. eoth completely filled in by the funeral ove corban papers. Pages 4 and (Type or print) 05. Edward LOEFFLER 3 SEX 4 RACE 5. DATE OF BIRTH hoursafter 6 AGE ( n years IF LINDER 1 YEAR last birthday) DAYS March 17, 1877 Male White 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [ ] NEVER MARRIED [ 9. COUNTY OF DEATH Baltimore. U.S.A. Maryland WIDOWED DO DIVORCED [ within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (It not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. K ND OF BUSINESS OR g ve street oddress) during most of working life, even it retired ) Towson St. Joseph Hospital
13a. US.A. RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN Towson 13d INSIDE CITY LIM TS? 3e STREET AND NUMBER odmiss on) STATE Maryland YES NO TO 152 Springside Drive Timonium physicion and chemical please reprie 14 FATHER S NAME Last 15 MOTHER S MAIDEN NAME First M ddle Last Timonium, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Mrs. Edgar E. East, 152 Springside Dr. Yes, no, or unknown) 219-10.774 signed by the ottending phy burial-tronsit permit. Then burial, cremation, or remova 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Arterioscle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease with DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) (b) congestive failure nse ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending or to hos been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AJTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 00 CAUSES OF DEATH? YES 🗍 NO TO by the hospital or 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 2 d INJRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State Whe Natwhile at work TO FUNERAL DIRECTOR: After 3 should I be retoined 22b. SIGNATURE 22c DATE SIGNED C. Baldinado ATTENDING MED DIRECTOR STAFF director, page 3 should be filed v X 12/9/68 DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S Lilia C. Baldonado, M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23b DATE 23a BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) REMOVAL (Specify) Parkville, Balto Md.

ISTRAR 25b REGISTRAR'S SIGNATURE Burial Dec. 11.68 Parkwood 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR DATE DEC 1 2 1968 45M Wm Cook-Brooks Towson, Towson Md



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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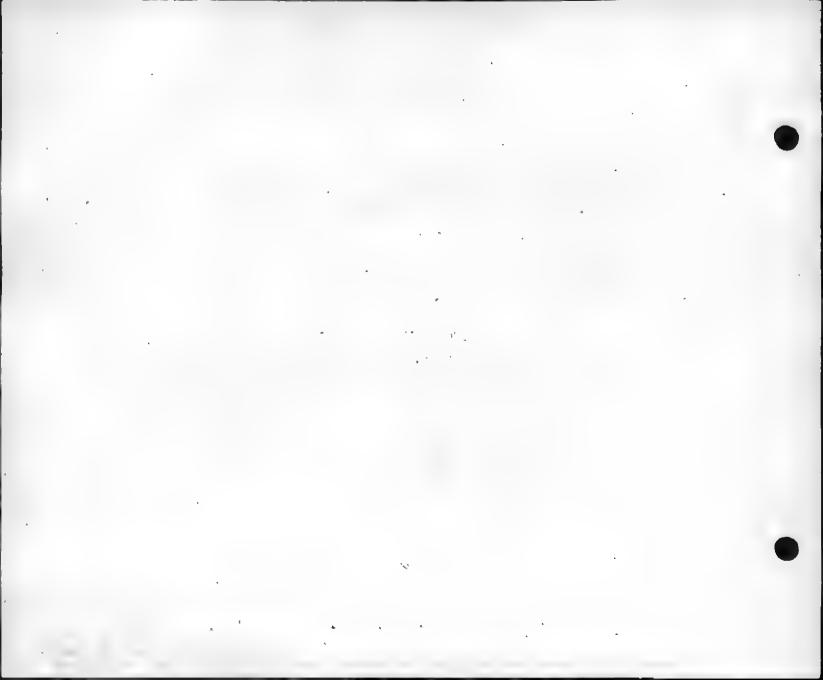
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TO HOLFITAL OR ATTENDING PRYSICIAN: The low requires that the direct certificate be executed within 24 hours after death. Page 4 may be retained by the hispital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Posshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 30M REV 1/68

	下 4 1 1 100	(	CERTIFIC	CATE OF DEATH					
	ECEASED NAME First Type or print) M	Middle		LOGUE	20. DATE OF DEATH Month 12 Doy	8 Year 68 2b. HOUR			
3. 5	EX	4. RACE		S. DATE OF BIRTH	6 AGE (In years lost birthdoy)	IF UNDER 1 YEAR F UNDER 24 MRS. MONTHS DAYS HOURS MIN			
L	FEMALE	CAU		12/2/68	YRS.	76			
70.		The Citizen of What Country?	8. MARRIED	■ NEVER MARRIED   9	. COUNTY OF DEATH				
(00	mry) MD	USA	WIDOWED		BALTO.	Md.			
10.	TOWS ON	give street oddress)  GBI	· ·		OCCUPATION (Kind of work done tof working life, even if ret red)	126 KIND OF BUSINESS OR INDUSTRY			
13o odn	USUAL RESIDENCE (Where deceased inssion) STATE Md	Need, if institution Residence before 13b. COUNTY	Balto	VEC NO		ank Street			
14.	FATHER'S NAME First	Middle Lost	1:	S MOTHER'S MAIDEN NAME FIRE	st Middle	Lost			
н	TERRY WILLI	AM LOGUE		BRE	NDA KAY	LOGUE			
160	. WAS DECEASED EVER IN U.S. ARME Yes, no, or unknown) (If yes give wor	D FORCES? ar dates of service) 16b. SOCIAL SECURITY I	NO. 17.	INFORMANT	Address				
	PART 1. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause lost	rise to immediate couse (a).  Stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF							
CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PEI		20a AUTOPSY?  YES NO AUTOPSY NO A	20b IF YES, WERE FINDINGS CLAUSES OF DEATH?				
MEDICAL (	GR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yeor		ON HADOK OCCORRED (EURS)	nosose or injuly in roll 1 of roll 2,	stell (0.)			
ME	at wark at work	LACE OF INJURY ( AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County Stote			
	220. I certify that (I) (this hospital) attended the deceased from 12/2, 1968, to 12/8, 1968, that (I) (we) lost sow the deceased olive an 12/8, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
	22b. SIGNATURE    Dichard Bernature M. D. DEGREE   ATTENDING DIRECTOR DIREC								
	BURIAL, CREMATION 23b DA	ATE 23c NAME OF ADDRESS	CEMETERY OR	FREMATORY - 256. REC'D BY	23d LOCATION (City of Fown)  REGISTRAR 25b REGISTRAR'S	(County) (Stote)			
1	100 Dellas	pec 322 of	Hiel-	DATE DEC		rles Judge			





### DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	17125	5			(	CERTIFI	CATE OF	DEATH					1713	35	
	CEASED-NAME	First			Middle		Last		20. [	DATE OF D			.,	2b. HOUR	
(1	ype or print)	Emi1			G.	]	Losch		D	ecem	ber 2	3 Day	1968°	M	
3. SE			4. RACE				5 DATE OF	BIRTH			6. AGE (In yes	ors	IF UNDER LYEAR	IF UNDER 24 NRS.	
	M			W			9-21-	1896			lost burthday	YRS.	HONTHS DAYS	HOURS MIN.	
70 E	BIRTHPLACE (State or fore	ign 7	b. CITIZEN	OF WHAT C	OUNTRY?	8. MARRIEI	NEVER MA	RRIED	9 COU	NTY OF D	EATH				
COUN	Maryland			U. S.	Α.	WIDOWE		ORCED	В	Baltimore				Md.	
	ITY OR TOWN OF DEATH			11 NAME O	F HOSPITAL OR IN	STITUTION (I	not in hospitol		T OCCR	LOCCUPATION (Kind of work done 12b. KIND OF I				BUSINESS OR	
	alethorpe				Mayfie.			Pai	nt	Cont	re, even ir re ractor	tired.)	INDUSTRY		
	USUAL RESIDENCE (Where ission) STATE	e deceosed			lesidence before	13c. CITY C	OR TOWN	13d INSIDE CITY JA			ET AND NUM				
dom	Marylan	<u>d</u>	135 COU	Bal	timore	Hale	thorpe	YES NO		180	8 Mayf	ield	Avenu	e	
14. E	FATHER'S NAME First		Mic	idle	Last		15. MOTHER'S I	MAIDEN NAME FI	irst		Mi	ddle		Last	
	Carl	Los	sch					amena (							
	WAS DECEASED EVER IN		D FORCES? or dates of serv		SOCIAL SECURITY		. INFORMANT	Hagers					21 <b>740</b>		
· ·	es, na, ar unknawn) (1	,		21	8-10-85	71   2	lbert	L. Losc	h,	Para	dise C	hurc			
	18 CAUSE OF DEATH (			per line far	(a), (b), and (c)	}		1						MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH WA		BY: E CAUSE (o)		non		one	chur					nu	del.	
	+104		DUE TO	, OR AS A	ONSEQUENCE OF		•								
	Conditions, if any, which		(b	)									1		
	rise to immediate cause (a), (stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF														
	last. (c)														
	PART 2 OTHER SIGNIFIC	CANT COND	ILIONZ COP	TRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE ORC	ONDITIO	ON GIVEN	IN PART 1(o)				
N	4201														
CENTIFICATION	190 DATE OF OPERATION	19ь (0	INDITION FOR WHICH OPERATION WAS PERFOR			RFORMED	FORMED 20a. AUTOPSY?			20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?			NSIDERED IN CERTIFYING		
TIFI		YES NO						NO		CAUSES	Jr DEAIN!				
	216 ACCIDENT WAS UN		21b. T HOUR	TALE OF THE	IRY anth Day Year		HOW INJURY O	CCURRED (Enter	nature	of mjury	in Part I or	Part 2, 1to	em 18.)		
MEDICAL	(If either, natify medica	ol examine	r)	P.M.	1	9									
W	21d INJURY OCCURRED While Not while	21e. P	LACE OF IN	JURY (AT HI	OME FARM, STREET FA E BUILDING ETC.	CTORY ) 218	LOCATION Str	eet ar R.F.D. Na		City a	r Town		County	State	
	ot work 🗀 ot work 🗀	]													
	22a. I certify that	(1) (this	haspital	) attende	d the deceas	ed frage_	1 Jan	, 19 <u>_</u> _	0,	ta_/2	300	19_	6 7, that	(I) (we) last	
	saw the decer causes stated	ased al: Lahava	ve an	(qiq) (qiq	not) view the	body ofte	nd mai in (i r death	my) (aur) apii	nian d	leath a	curred an	the dat	e and haur	and from the	
	22h SIGNATURE					bady and	i dediii.		-			22c. D.	ATE, SIGNED		
		verl	1	Dord	ma, m	22 DF	GREE PHYS	ING M	IFD RECTOR		STAFF PHYS.	24	Ou 6	50	
	22d PHYSICIAN'S						22e AL					1		_	
	NAME (Type) Dr	. Wi	<u>Lliam</u>	G	oodman	_	133	4 Sulph	ur	Spri	ng Roa	d			
23a	BLRIAL, CREMATION,	23b D/	VTE .		23c NAME OF	CEMETERY C	R CREMATORY		23d	LOCAT ON	l (City or Tow	ın)	(County)	(State)	
	REMOVAL (Specify)	12-	-26-6	8	Loudo	n Park	Cemet	ery	Ba	lto.	City,	Bal	timore	, Md.	

Loudon Park Cemetery

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached far use as the burial-transit permit. Then plushauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal," VR A15 (1)

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Rempletely filled in

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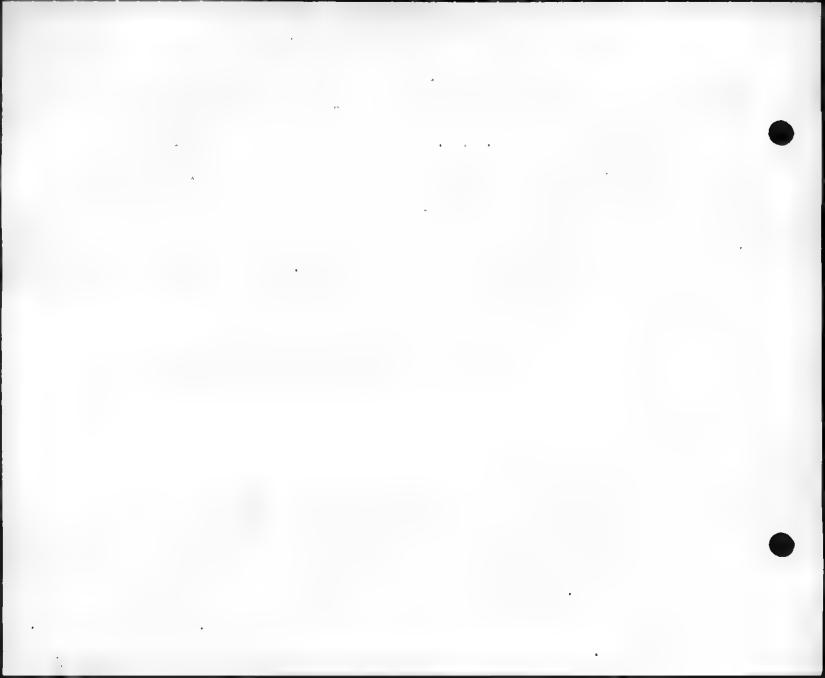
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

24 FUNERAL DIRECTOR
Howard H. Hubbard 4107 Wilkens Ave. 21229

250 REC'D BY REGISTRAR DATE DEC 2 6 196B

Balto. City, Baltimore, Md.
REGISTRAR 25b. REGISTRAR'S SIGNATURE



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law requires that the death certificate, be executed within

ATTENDING PHYSICIAN:

80

dges 1 and 2 nours after death.

within 72

MED. DIRECTOR 12.24.68 22e. ADDRESS

NAME (Type) 7001 MCKNINGTON 23b DATE (State) 23o BURIAL CREMATION ALTIMORE NATIONAL

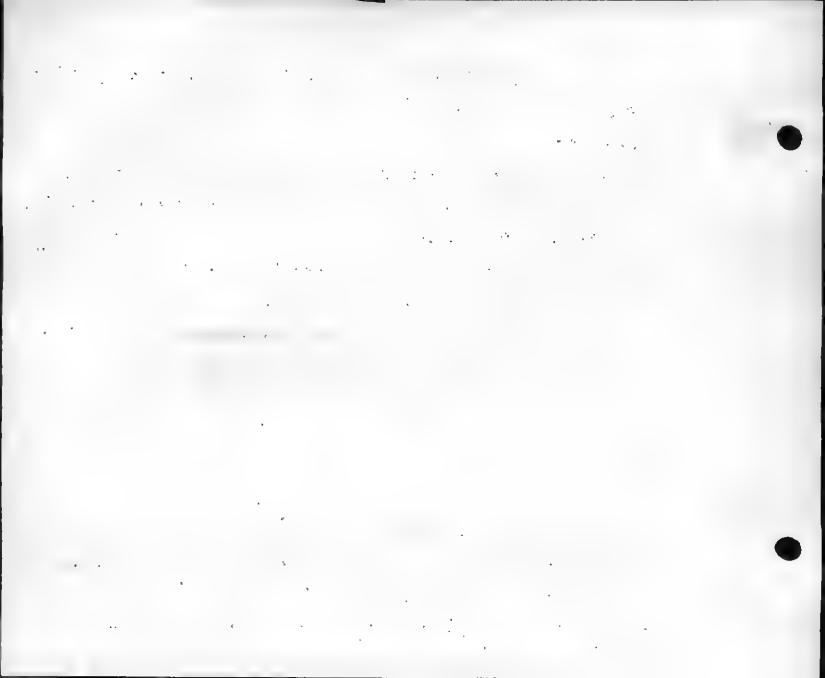
DEGREE

30M RFV.

22d PHYSIC, AN'S

250 REC'D BY REGISTRAR 1968

2Sb. REGISTRAR S SIGNATUR



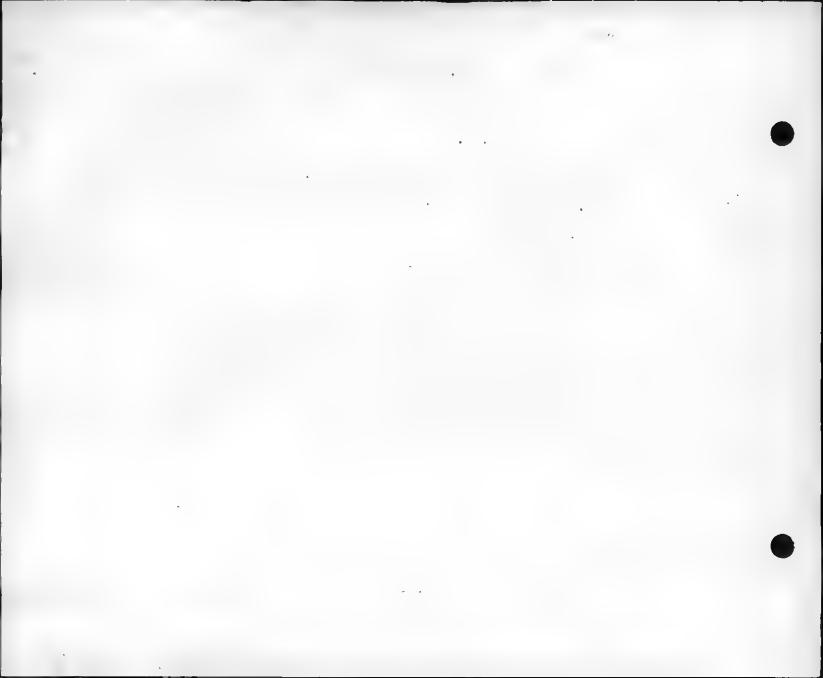
ı		17127		(	ERTIFICA	TE OF	DEATH			1713	7		
ľ		CE ASED-NAME First		M-ddle		Lost		2a. DATE OF	44 4		gh your		
1	(1	ype or print) Her	iry	A.	Lud	wig		Dec	cember 26	, 1968	a. N		
ı	3. SE	X	4. RACE		S.	DATE OF B			6. AGE (In years	OF JNOER 1 YEAR	IF UNOER 24 HRS.		
١		male	whit	.0		Apr	il 24,	1902	last birthday)	MONTHS DAYS	HOURS MIN.		
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MAR	RRIED	. COUNTY OF					
1	caun	Maryland	U. S		WIDOWED [		RCED X	Balt	timore		Md		
/	10. (	TY OR TOWN OF DEATH		OF HOSPITAL OR INS	TITUTION (If nat i	n haspital			(Kind of work dos		BUSINESS OR		
	(	Catonsville	S PRI	NG GROVE	STATE	HOSP.	I I C	or fil	life, even if retired	I) INDOSIKI			
		USUAL RESIDENCE (Where decear ssion) STATE	1		13c CITY OR TO		13d. INSIDE CITY LIM	1000	REET AND NUMBER	0			
		Md.	135 COUNTY	Balto.	Hami		YES NO		7 Arizona	Avenue			
1	14 F	FATHER S NAME First	M ddle	Lost			AIDEN NAME Fir		Middle		Lost		
ļ		Conrad H. Lu	4.3				eth Mar	TO DO					
1	160 Y	WAS DECEASED EVER IN U.S. ARE es, no, or unknown)   (15 yes give i	MED_FORCES? [16] wor or dates of service)	SOCIAL SECURITY I			CODTX	CDOTT	Address				
ŀ	-	No							STATE H		MATE INTERVAL		
		38 CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE	n y one cause per line fo	or (a), (b), and (c)	1		En.	> 4	m Lans	BETWEEN O	DISET AND DEATH		
		IMMEDIATE CAUSE (a)											
1		2007	DUE TO, OR AS A	CONSEQUENCE OF	11111	BIT	4111	Pers.	2				
		Canditians, if any, which gave tise to immediate couse (a),	(b)	our -			evere	~ C. C					
ı		stating the underlying cause DUE TO, OR AS CONSEQUENCE OF											
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
		School	21 pla	Zecce	T ==	TE TEKIMINA	IL DIDENDE ON CO	METHOR OFF	is in twel stol				
	TION	1 5 The state of t		HICH OPERATION WAS PERFORMED 20g. AUTOPSY?					F YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING		
Л	CERTIFICATION					YES [	NO C	CAUSE	S OF DEATH?				
		210. ACCIDENT WAS UNDERLYI	NG 215. TIME OF IN	IURY	21c. HOW	INJURY OC	CURRED (Enter	noture of inju	ry in Port 1 or Port	2, Item 18.)			
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		lonth Day Yeor									
	MEC	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT			TION Street	et ar R.F.D. No.	City	or Town	County	Stote		
		nt work of work							- 4				
		22a. I certify that-4) (th	nis haspital) attend	ed the decease	ed from M	arch	31, 19 LR	) , tg	Jec. 20	1958, that	(1) (w\s) las		
1		saw the deceased courses stated above	ilive an <u>ue a</u>	20	<b>9_00</b> , and t	hat in (m	ıy) ( <b>öül</b> ş apin	ian death	accurred an the	date and haur	and from the		
1		225 S GMARCRED	e, (i) (Moe) (ala) (an	The Control of the	baay arrer aec	Jilli.			1 2	2c DATE S.GNED			
1		Melica	ann	ν.	DEGREE	ATTENDI	I X NII	D RECTOR	STAFF DUVE	12-26-6			
.		22d. PHYSICIAN S				22e ADD	ORESS SPATI	ic GRO	VE STATE	HOSPITAL	,		
1		NAME (Type) Rai	fael H. Mar	in, M.D.			Balt:	imore,	Maryland	21228			
	23a		DATE	23c NAME OF	CEMETERY OR CR	EMATORY		23d LOCATI	ON (City or Town)	(County)	(State)		
		REMOVAL (Specify)	-1-69	St. Ma	tthews (	Cemet	ery	Balti	more City	y, Balto.	Md.		
0		FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D BY	REGISTRAR	2Sb REG STR	R'S SIGNATURE			
X.	H	loward H. Hubba	rd 4107 Wi	Ikens Av	e., 2122	29	DATE DEC	311	968 ACC	corles In	JAC.		

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remove corbon papers. Pages 1 and 2 director, should be filed with the State Dept. of Health prior to buriot, cremation, or remayol, and in any event, with n 72 hours after death. VR A15 (4) 30M REV 1/8

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.



1		17128	DIVISION OF VITAL R	OT W. PRESTON SKREET, BALTIMORE, MARYLAND 21201  RTIFICATE OF DEATH								
death.		DECEASED NAME First (Type or print) DONAL	D WARD I	Lost LYON	20. DATE OF DEATH  12 Month 16 Day 6	2b HOUR 1 P M						
	3 5	SEX	4 RACE	S DATE OF BIRTH	6 AGE () years IFL	UNDER 1 YEAR OF LINDER 24 HRS						
	2	MALE	CAUCASIAN	12-5-61	YRS.	ATHS MAYS FRODES MITE						
A hau	ca:	BIRTHPLACE (Stote or foreign 7 nerry)  Balto. Md.	U.S.AA	8. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED	COUNTY OF DEATH BALTIMORE	Md						
within 2		CITY OR TOWN OF DEATH BALTIMORE	11 NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 120 USUAL during mas)	AL OCCUPAT ON (Kind of work dane last of working life, even if refired )							
and camplen remove carl	13a adr	LSUAL RESIDENCE (Where deceased nissian) STATE Md.	lived, if institution Residence before 13b. COUNTY Balto.	Towson   Isd. INSIDE OFF LIM.	100.0111001.1111	d Rd.						
h and co	14.	FATHER'S NAME First  James	Middle Last A Lyon		st Middle Llingshead	Last						
rificate thysician n please		na. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no of yorknawn) (1) yes give war or dales of service)  NONE  17. INFORMANT  James A. Lyon  301 South Wind 1										
e death certificate be executed attending physician and camples sermit. Then please remave can an, or remaval, and in any event		PART I. DEATH WAS CAUSED !	one cause per line far (a), (b), and (c).) BY. CAUSE (a) MARKED FA	TTY METAMORPHOS	IS OF LIVER WIT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
that the ian.  by the transit promotion cremation		Cardit-ans, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF UE TO, OR AS A CONSEQUENCE OF	MARKED CEREBRAI	L EDEMA							
G L e D	æ	NIC.		OT RELATED TO THE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1(a)							
e lo ten	CERTIFICATION	19a DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PER	20a. AUTOPSY?   YES   NO	20b. IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	IDERED IN CERTIFYING						
IAN tal o fficat far far f Hec	MEDICAL CER		HOUR A.M. Manth Day Year		nature of injury in Part 1 or Part 2, Item	n (B.)						
P = SE D	M	21d IN.URY OCCURRED 21e. Pi While Not while at wark at wark	ACE OF INJURY ( AT HOME, FARM, STREET FACE OFFICE BUILDING, ETC.	21f LOCATION Street or R.F.D. No.	City or Town C	Caunty State						
TENDING ined by the OR: After the auld be de auld be de the State		22a. I certify that (I) (this saw the deceased aliv causes stated abave,	haspital) attended the decease ve an 12/16 14 (i) (we) (did) (did not) view the b	d fram. <u>12/14</u> , 1968 968, and that in (my) ( <del>xy.)</del> apini ady after death.	3., $ta_{12/16}$ , $t_{68}$ an death accurred an the date	, that (I) (we) last and haur and from the						
TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: / director, page 3 shauld shauld be filed with the		22b. SIGNATURE Hale	C. Brown, M.D.		CT.FF	12/16/68						
TO HOSPITAL O Page 4 may be TO FUNERAL DII director, page shauld be filed		22d. PHYSICIAN'S NAME (Type) CHARI	LES C. BROWN, M.									
TO HOSPI Page 4 r TO FUNER director, shauld i	L		/18/1968 /of/c	teems Cent	Pempler Hain	(County) (State)						
VR A15 (4) 30M REV, 1/68	24	FUNERAL DIRECTOR	Elle fold Home (SIC	no / Ed 250 RECD BY	registrar 25b. Registrar's SIG	INATURE CONTROL OF THE PROPERTY OF THE PROPERT						

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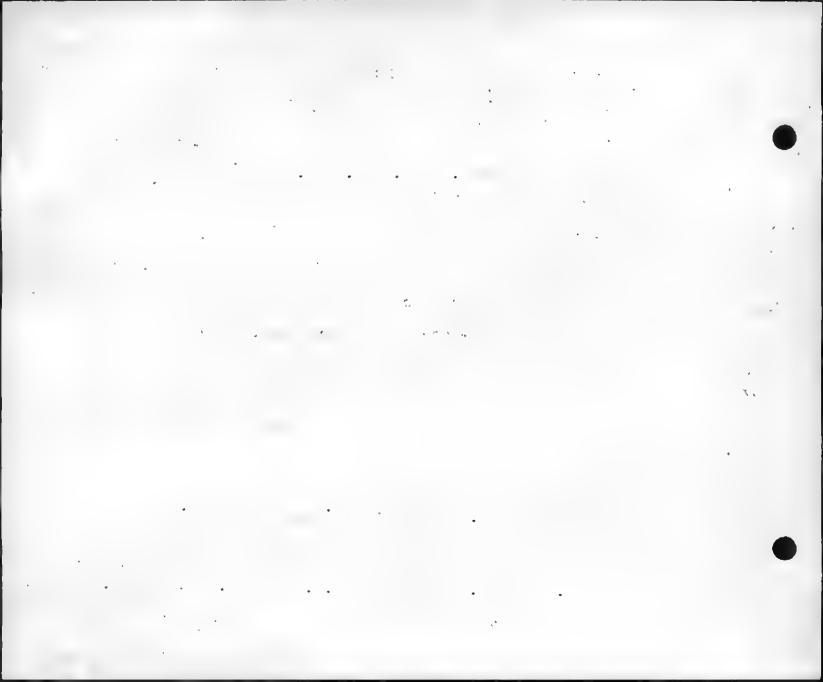
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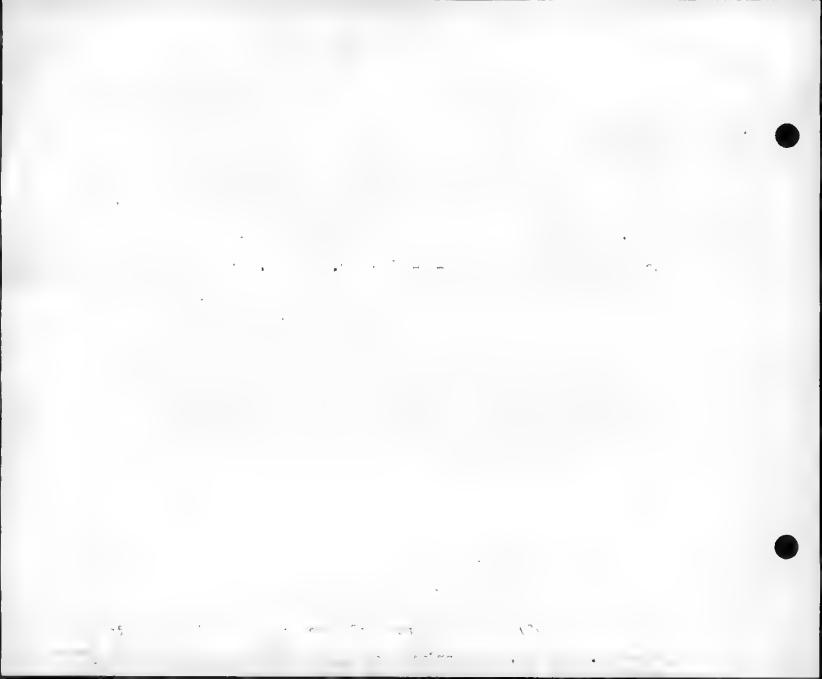
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17139 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH First 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Month 4 RACE S. DATE OF BIRTH 6. AGE (In years IE UNGER 1 YEAR IF UNCER 24 HRS fulled in by the lost birthday) popers Pages W 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [ WIDOWED [ 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired)
retired clerk U.S. Govt please remave carbon Catonsville signed by the attending physicion and campletely buriol-transit permit. Then please remave carbon 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d NSIDE CTY L M TS? 13e STREET AND NUMBER admission) STATE Mo 13b COUNTY cremotion, or removal, and mony 14 FATHER'S NAME Frst Middle Last ES MOTHER'S MAIDEN NAME First Last 457 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) ( + ves give war or dates of service) 212-36-2662 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY. buriol-transit permit. burial, cremotian, or re IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF PARTY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Mecros CXID'S as the prior to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? YES [ NO V be detached for use State Dept. of Health p 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED
While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from \_\_\_\_\_\_\_\_, 19 65, ta\_\_\_\_\_\_\_\_, 19 68, that (I) (we) last saw the deceased alive an \_\_\_\_\_\_\_\_\_, 17 68, and that in (my) (eye) opinion death accurred an the date and hour and from the causes stated above, (1) (we) (die) (did not) view the body after death. 22b. SIGNATURI 22c DATE\_SIGNED r, page 3 be filed DEGREE DIRECTOR 22e ADDRESS 22d, PHYSICIAN S Dr. James J. Nolan 1 Mallow Hill Road director, should 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23b DATE (County) REMOVAL (Specify) New Cathedral Cemetery Baltimore. Md. 24. FUNERAL DIRECTOR VR A15 (4) litzke, 4101 Edmondson Ave., 21229 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH I. DECEASED NAME First Month 1.5 (Type or print) 9 9 12 68 8 M MacBrayne James IF JINDER I YEAR IF UNDER 24 HRS S. DATE OF BIRTH 6 AGF (In years 4. RACE 3. SEX lost birthoay) 11/13/1889 Male please remove corbon popers. Par II, and in any event, within 72 hours certificate be executed within 24 hours physician and completely filled in by 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Baltimore County WIDOWED -DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH HISTORY Med. Cen. Towson 13e STREET AND NUMBER 13d. INSIDE CITY L MiTS? 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before odmission) STATE 13b. COUNTRY 14. FATHER'S NAME 15. MOTHER S MAIDEN Mrddle Last 16b. SOCIAL SECURITY NO. 17.hINFORMAN<sup>1</sup> 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) (If yes give war or dates of service) or removal. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest requires that the death cremotion, DUE TO, OR AS A CONSEQUENCE OF Myocardiol Infarction and CVA Canditians, if ony, which gove a burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate hos been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES T for use 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAJSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. JNJURY OCCURRED County State City or Town While Nat while at work 220 I certify that (1) (this hospital) attended the deceased from Dec. 4, 19 68, to Dec. 15, 19 68, that (1) (we) lost caw the deceased alive an Dec. 15 68, and that in (\*\*y) (our) opinion death occurred on the date and hour and from the be retoined director, page 3 should should be filed with the causes stated above, () (we) (did) (did) (did) view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** DIRECTOR PHYS 22e. ADDRESS M.D. PRYSICIAN'S 6701 N. Charles St. 21204 Friedlander NAME (Type) Barry (Stote) OF CEMETERY OR CREMATORY 23d. LOCAHON (City or Town) (County) B AL, CREMATION 2Sb. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 30M REV







19a DATE OF OPERATION

causes stated abave, (1) (we) (did) (did not) view the bady after death.

PHYS.

22e, ADDRESS

ATTENDING

DIRECTOR PHYS

22c. DATE SIGNED

DECEASED-NAME

(Type or print)

Female

country nknown

odmission) STATE

Yes, na, ar unknawn)

21d INJURY OCCURRED

While Not while at work

22b SIGNATURE

22d. PHYSICIAN S

at work

14 FATHER'S NAME

Unknown

10 CITY OR TOWN OF DEATH

Peisterstown

Thomas

7c, BIRTHPLACE (State or foreign

3. SEX

McWilliams NAME (Type) 23b DATE BURIAL, CREMATION

23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery

23d EOCATION (City or Tawn)

(County)

Baltimore. Maryland.

REMOVAL (Specify) 24. FUNERAL DIRECTOR

ADDRESS. Owings Mills. Md. 25g REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE Markey

VR A15 (4)

requires that the death certificate be executed physician and c signed by the burial-transit p burial, crematic be retained by the haspital ar attending physician. has been d far use as the af Health prior ta O FUNERAL DIRECTOR: After this certificate detached te Dept. af directar, page 3 sho shauld be filed with

24 havrs after death.

completely filled in

remaye carban

and in



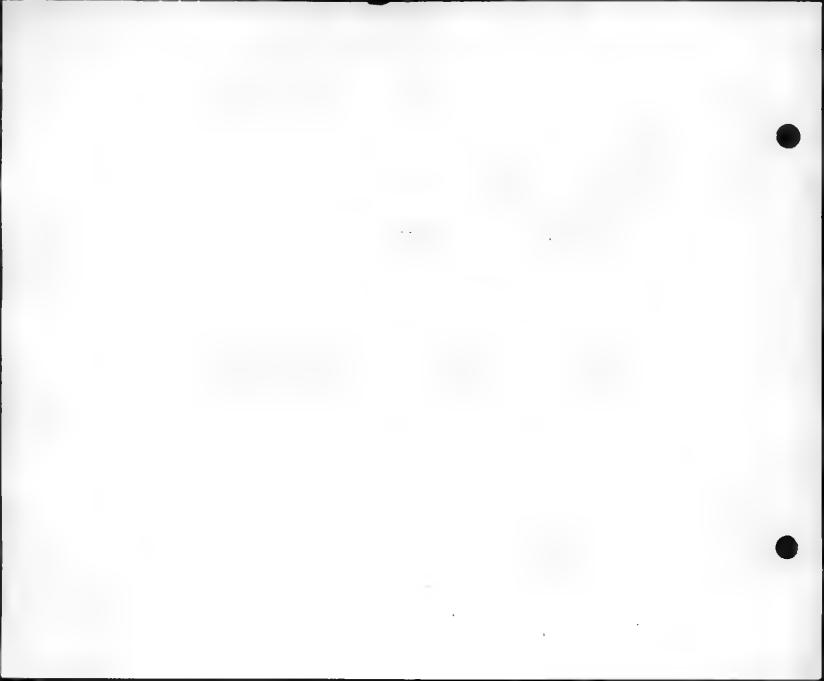
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1 DECEASED-NAME 20 DATE KNOWNERS (Type or Print) ESTI αŧ Vicari Karan Marshall DEATH MATED 4 RACE 6 AGE (In years IF LINDER 24 HRS DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2, and DAYS Female White 1-21-68 YRS 7 To BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (ountry) WIDOWED [ DIVORCED [ the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a JSJAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street address) St. Joseph Hospital during most of working life, even if retired.) INDUSTRY Towson 13d. NSIDE GTY LIM TS? 130 USUAL RESIDENCE (Where deceased ved, finstitution Residence before 3c. CITY OR TOWN 13e STREET AND NUMBER 1311 Kenton Rd.-21234 YES NO 🖵 Maryl and 14 FATHER'S NAME Last 15. MOTHER S MAIDEN NAME Ferst Middle. Stanley Marshall Jr Mary Marshall hours poges 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) APPROX MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO. OR AS A CONSEQUENCE OF Conditions, if any, which gave rse ta mmed ate couse (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of ip Jry in Port 1 or Part 2, Item 18) PRIMARY TOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED PLACE OF INJURY (A home, form, street, 21f LOCATION Street or R factory off certailding, NOT WHILE 22a I certify that I taak charge of the remains described above, he dan Autapsy , Inspect on ..... Inquiry and in my pointan death resulted fram-Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Charles O'Donnell ADDRESS(Street, city, town, or county) 0 BUR AL CREMATION NAME OF CEMETERY OR CREMATORY 23d\_ LOCATION (City or Tawn) (County) 2So REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATUR



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

17145

	/ L				CLICITIES	ALL OF DE	MIII		
É ESE	- ) [		CEASED-NAME First	Middle		Lost	20.	DATE OF DEATH	26 HOUR
the second	ı	(1	ype or print) Sharo	on Lynn	M	RSHALL		Month Do	1968 9 <sup>30</sup> PM
E SE	- 1	3. SE		4. RACE		DATE OF BIRTH		6. AGE (In years ast birthday)	F JNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIR
24 hours at		_	emale	White		12-9-19		YRS.	6 43
y d r		7o E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	IX.	INTY OF DEATH	
22		M	laryland	U.S.A.	MIDOMED			Ltimore,	Md
requires that the deoth certificate be executed within 24 hours after a physicion. I signed by the attending physician and completely filled in by the fundamental permit. Then please remove carbon papers. Pages burial, cremation, or remainal, and in any event, within 72 hours after.			TY OR TOWN OF DEATH	give street address) St. Joseph	III MOITUTION (If not	in hospito		JPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
3 3 4	ŀ	130	USUAL RESIDENCE (Where deceas	ed lived, if institution. Residence before	13c CITY OR T	OWN 13d	KSIDE CITY LIM TS?	13e STREET AND NUMBER	
and comple remove co	- '	odm	ary land	Baltimore	Baltin		□ NO 🔀	1311 Kenton	Rd.
d cc	1	_	ATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN	NAME First	Middle	Lost
ute be exection and co	Н		Stanley	Marshal			Mary	Vicari	Noppenberger
ate ician leos omd			WAS DECEASED EVER IN U.S. ARN	MED FORCES? 16b. SOCIAL SECURITY		FORMANT /		/ Address	-11
tific hysi n p		y	es, np. of unknown) (If yes give w	of the dates of Jennice)		-aurily	record	ds -	
that the deoth certificate boon. by the attending physician or ronsit permit. Then please cremaval, and			1B. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).	)	7			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the deoth physicion. signed by the attendir burial-transit permit.			PART I. DEATH WAS CAUSED IMMEDIA	O BY: ATE CAUSE (o)	ity				
atte atte an,			777X	DUE TO, OR AS A CONSEQUENCE OF					
t the the sit p			Conditions, if ony, which gave anse to immediate cause (o).	(b)					
the particular that the pa			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
quires physici signed burial-I			lost,	(c)					
phy sign bur			h	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	EASE OR CONDITI	ON GIVEN IN PART 1(0)	
the rtc		NO.	776X						
2 5 5 F	4	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AJTOPSY?		205. F YES, WERE FINDINGS (	ONSIDERED IN CERTIFY NG
IAN: Tho		ERTIF	210. ACCIDENT WAS UNDERLYIN	C Ind The Dr. (Charles		YES 🗌	NO 📆		
	- 1		OR CONTR BUTING CAUSE OF DEATH	H HOUR A.M. Month Day Year	21c HOV	¥ INJURY OCCURRE	D (Enter noture	of njury n Post 1 or Past 2,	Item 18.)
Sic spirit	- 1	MEDICAL	(If either, notify medical exoming 21d NouRY OCCURRED 21e	ner) P.M.		171011 0			
JING PHYSICIAN by the hospitol ofter this certificat be detoched for State Dept. mf He				PLACE OF INJURY (AT HOME, FARM STREET FAC	211 100	ALIUN Street or	RED NO	City or Town	County Stote
O 두 프 F F F			at work of work	re bacaital) attanded the decour	of from 1	2/0/	10 69	to 12/0/ 10	60 15-11 07
ATTENDIN stained by CTOR: After should be			sow the deceased a	is haspital) attended the decease hive an 12/9/ , (I) (we) (did) (did nat) view the	9 <b>68</b> , and	that in (my) (c	_ , 17 <b>QQ</b> _ , our) apinion (	legth occurred on the de	
retained retained ECTOR: / Should				, (I) (we) (did) (did nat) view the	bady after de	eath.			
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be DIR			Inelda	Salanio	DEGREE	PHYS	MED DIRECTOR	R STAFF DE 12	2/9/68
ITAI moy RAL Po			22d PHYS CIAN S NAME (Type) Imelo	da Salanio, M.D.		22e ADDRESS 7620	York Rd	, Towson, Md.	21.20/
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Sta	-	23.0	BURIAL, CREMATION, 235 E	DATE 22, NAME OF	CEMETERY OR C			LOCATION (City or Town)	
Page dire		/	OBELLOS AL VEN CALL	171-1 97	sary (	emetery	230 R	altimore, Mari	(County) (State)
	1	74	FUNERAL DIRECTOR	11,1968 HOLY RE			REC D BY REGIS	STRAR 256 REGISTRAR	SIGNATURE
VR A15 (45M 1 6	9			A Tourson Manual		DAT	REC D BY REGIS	1968 2Sb REGISTRAR'S	eles Judge

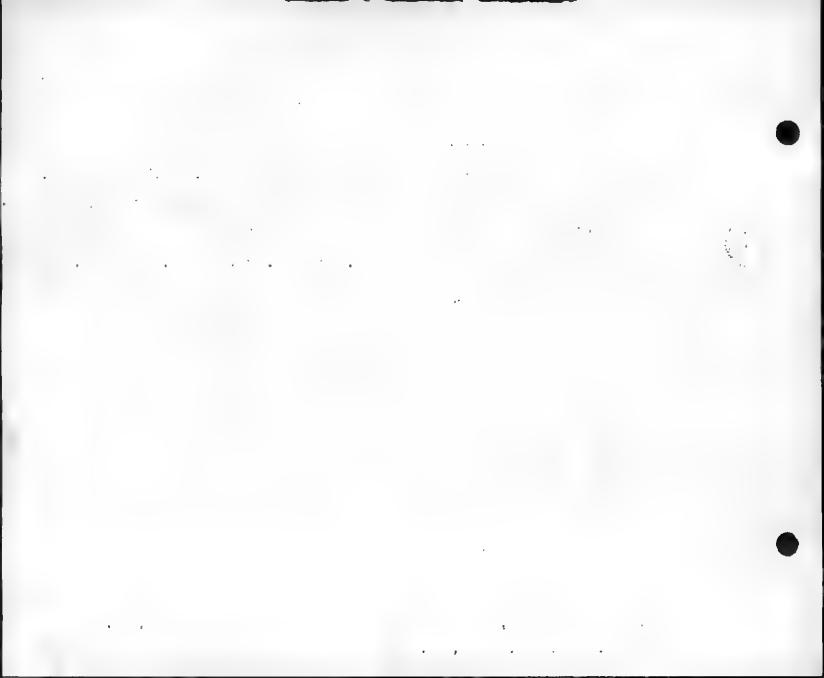


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH . DECEASED NAME First Last requires that the death certificate be executed within 24 haurs after death M ARY (Type or print) MARTIN December Morall. 6 AGE (In years last birthday) 3. SEX 4. RACE 5 DATE DE BIRTH RELINDER LYEAR 1E JINDER 24 HRS May 18. White 1893 Fema1e 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED T country) Lithuania Baltimore U.S.A. WIDOWED IXT DIVORCED [7] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) INDUSTRY Catonsville 710 Charing Cross Road 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13ac CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Catonsville Baltimore Maryland 710 Charing Cross Road remo 15. MOTHER S MAIDEN NAME First 14. FATHER S NAME physicion and Magdalen Unknown Rimkus pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Miss Dorothy Martin, 710 Charing Cross Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (x) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1661 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 O FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Parter nature of injury in Part 1 or Part 2, Item 18) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If e'ther, notify medical examiner) 21e. PLACE OF INJURY ( AT HOME FARM, STREET FACTORY ) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at work ATTENDING 22a. I certify that (I) (this hespitel) attended the deceased fram 2 = 4/= , 19 6/2, ta 22. 19 6/8, that (I) (we) last saw the deceased alive an 22. 19 6/8, and that in (my) (our) apprilian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (die not) view the bady after death. 225 SIGNATURE 22c DATE SIGNED DIRECTOR 22d. PHYSICIAN S 22e ADDRESS NAME (Type) 4116 Edmondson Avenue, Balto., Md. Harry L. Knipp 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION, (County) (State) BURIAL (Specify) Baltimore, Maryland 1 - 3 - 1968Holv Redeemer Cemetery 2Sa. REC'D BY REGISTRAR 21229 Howard H. Hubbard, 4107 Wilkens Ave.

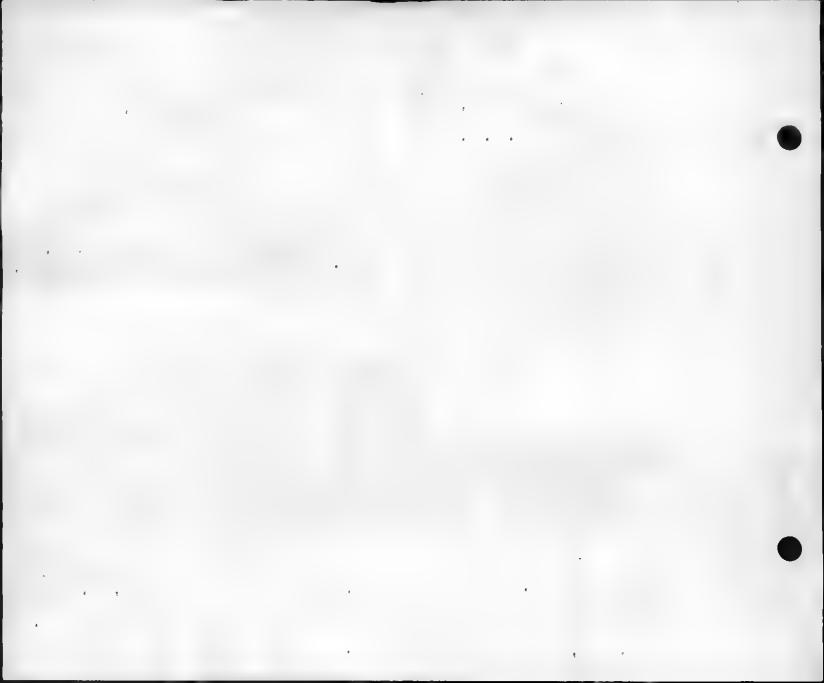


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17147 DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR (Type or print) December CHARLES WILBER MAUSE 3. SEX 4. RACE 5 DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years Male White 5-22-13 YRS certificate be executed within 24 hours 76. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Baltimore D VORCED PC WIDOWED -Maryland U.S.A. TO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION ( finot in hospital 20 USUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR gree Street oddress) St. Joseph Hospital remove carbon during most of working life, even if settred ) INDUSTRY Radar Tech. Bendix Radio Corp. Towson 13o USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 921 WELDER 13d INSIDE CITY LIMITS? odmission) STATE Maryland 136. COUNTY Baltimore YES NO 🗌 Doogooggooggoogwilmot Ct. 14 FATHERS NAME First IS. MOTHER'S MA DEN NAME First Georgia Zollner Charles Mouse 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no or unknown) (II yes give war or dates of service) Mr. Laurie C. Mause, 821 N. Glover St. 21205 signed by the ottending pmy burial-tronsit permit. then burial, cremation, or remova APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BETWEEN ONSET AND GEATH The law requires that the death Gastro Intestinal Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove ) Peptic Vlcer rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by derector, page 3 should be detached for use as the burral-transhould be filed with the State Dept. of Health prior to burial, crea storing the underlying couse Possible Cerebral Hemorrhage PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 📆 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (I) (this haspital) attended the deceased from 11-21-, 1968, to 12-14-, 1968, that (I) (we) last saw the deceased alive on 12-14- 1968, and that in (my) (our) opinion death occurred an the date and hour and from the couses stated obove, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE 22c DATE SIGNED MED DIRECTOR 12-14-68 - DEGREE 22d. PHYSICIAN'S 22e. ADDRESS Camilo Z. Tomboc MD. NAME (Type) 7620 York Rd., Towson, r.d. 21204 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) (Stote) BMOVE (Secity) 12/19/68. Oak Lawn Cemetery Baltimore, Md. 24 FUNERA DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 25b. REGISTRAR S SIGNATURE 250 REC D BY REGISTRAR



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17150

26 HOUR

Last

State

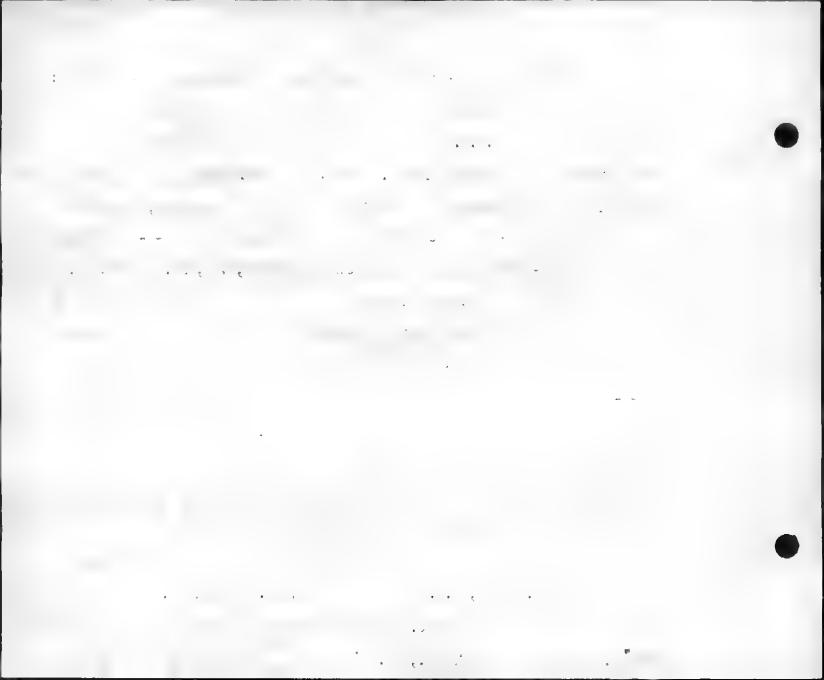
(Stote)

250JAN BEREGISTRAP 86

171 20 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2n. DATE OF OFATH hours after death (Type or print) DECEMBER Month DOVICE JOHN McCORMACK 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years last birthday) 6/26/04 MALE AHIMB 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED KI NEVER MARRIED SCOTIAND U.S.A. WIDOWED [ D-VORCED [ BALTIMORE 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION ( finot in hospital 120 USLA, OCCUPATION (Kind of work done 12b KIND OF BUS NESS OR INDUSTRY CONSTRUCTION pou FORT HOWARD signed by the ottending physician ond campletely burial-transit permit. Then please remove racks 30 LSUAL RESIDENCE (Where deceased lived, f institution Residence before odmission) STATE 13b COUNTY BATTIMORE Fort Howa BALLTIMORE I3d INS DY L MUTS? 13e. STREET AND NUMBER requires that the death certificate be executed Box 280A. Route 10 14 FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First JOHN McCORMACK MARGARET McDOUGALL 160 WAS DECEASED EVER IN U.S. ARMED FORCES" 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) 213 07 51 04 CLINICAL RECORDS, VAH. FT. HOWARD, APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per one for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CARDIAC ARREST HOURS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave s MYOCARDIAL INFARCTION UNKNOWN rise to immediate couse (a) OUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND. TION GIVEN IN PART (c) as the prior to l hos been 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO T the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.1 OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town County While Not while at work TO HOSPITAL OR ATTENDING Page 4 may be refained by t TO FUNERAL DIRECTOR: After saw the deceased alive an DEC 30 1968, and that couses stated above (1) (we) (did) (2000) view the bady after death. 22b SIGNATURE 22c DATE SIGNED STAFF 12/30/68 director, poge 3 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) PETER V. JUVAN. M.D. VAH. FT. HOWARD, MD. 23b. DATE 1/3/69 23c NAME OF CEMETERY OR CREMATORY 23o. BUR AL CREMAT ON 23d LOCATION (City or Town) BALTO. NATIONAL CEMETERY BALTIMORE, MARYIAND

24 FUNERA, DIRECTOR

JOHN J. DUDA



11 17 1

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

17151

	ECEASED-NAME	First		Middle		Lost	-	2o. DATE C		_		2b HOUR	
(	lype or print)	Harol	Harold Arthur Mc Cor		Cormick			Month 12	Doy 29	1968	SA M		
3. SE	X		4 RACE			5 DATE OF	BIRTH		6. AGE (In years	IF	F UNDER 1 YEAR	IF UNDER 24 HRS.	
	Mal€			White		1_9	-1906		lost birthdoy)	rrs. Mo	DNTHS DAYS	HOURS MIN.	
70	BIRTHPLACE (Stot	le or foreign	76 CITIZEN (	OF WHAT COUNTRY?	8. 444 DD1	ED X NEVER MA		COUNTY O		K.J.			
coul	ntry)				WIDOW		DRCED						
10. (	Kans			USA 11 NAME OF HOSPITAL OR IN				OCCUPATIO	Balto. N (Kind of work do		12b. KIND OF	Md	
10. 1				give street oddress)	,	an and insulashina	during mos	st of workin	a life, even if retire		INDHISTRY		
	Phoenix			Phoenix Rd			Manui	ractur	e's Rep.		Self		
130. odm	USUAL RES DENG SSION) STATE	E (Where deceos	ed hved, if in	statution. Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY EM	TWO	TREET AND NUMBER				
	23,017	Md.	700. 000	Balto.	Pho	enix	YES NO	1_20	<u>Phoenix R</u>	≀d.	(Rural		
14 1	FATHER'S NAME	First	Mid	dle Lost		15. MOTHER S /	NAIDEN NAME Fir	tz	Middle			Lost	
		Wm.	Arthur	Mc Cormi	ck		7, 1	7.			Carlis	sle	
		EVER IN U.S. ARA		16b. SOCIAL SECURITY	NO 1	7. INFORMANT			Addres	s			
ľ	es, no, or unknow Yes	vn) 1924	rar or dates of servi	(") 091-09-0	257	W	ife		Same	2			
				per line for (o), (b), and (c								MATE INTERVAL INSET AND GEATH	
		EATH WAS CALISED	n RV				Mara a a m d	2-1-2-	. fan - h !				
	IMMEDIATE CAUSE (6) Coranary Occlusion Myocardial infarction										1/3 h	<u>sur</u>	
	Conditions, if only, which gove)  Conditions, if only, which gove)												
	by Colaliary Sciences										5 Years		
		derlying couse	DUE TO,	OR AS A CONSEQUENCE OF									
	[ost. (c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)												
S						206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING							
CERTIFICATION	190. DATE OF OF	PERATION 196	CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20o AU1	OPSY?			GS CONS	NSIDERED IN CERTIFYING		
Ė						YES	NO [	CAUSES OF DEATH?					
9		WAS UNDERLYIN		ME OF INJURY	210	HOW INJURY O	CCURRED (Enter	noture of in	ury in Port 1 or Port	t 2, Iten	n 18)		
MEDICAL		IG CAUSE OF DEAT y medicol examil			19								
ME	21d, INJURY O	CCURRED 21e.		URY (AT HOME, FARM, STREET, FA		LOCATION Str	eet or R.F.D. No.	Cı	v or Town	1	County	State	
	While Not	while 🗆		OFFICE BUILDING, ETC.	1								
			AND THE PARTY AN	Kattended the deceas	ed from	7	19 /	8 ta	12	19 €	SS that	(I) (SEa) Inst	
	saw th	e deceased a	live on 1	2-26	19_68, 0	and that in (i	ny) (our) apin	ian death	accurred an the	e date	and haur	and fram the	
	couses	stated above	e, (1) (AME) (	did) (được) view the	bady aft	er death. `	,,,,,						
	22b. SIGNATURE	/ -	/	7//01		ATTEME	INC — HE				TE SIGNED		
		Ma	thew,	1. Kaus	D	EGREE PHYS	ING 🔀 ME	RECTOR [	STAFF PHYS.	12-	-30-19	68	
1	22d. PHYSICIAN					22e. AD	DRESS		•				
	NAME (Typ	wali	ter T.	Kees			Cocke	ysvill	le, Md.				
23o	BURIAL, CREMA	TION, 23b	DATE /- :	3/969 23c NAME OF	CEMETERY	OR CREMATORY		23d LOCAT	10N (City or Town)		(County)	(Stote)	
	REMOVAL (Spec	ifv)		7701		Nat'l C	om.		Arlingt	020	Va.		
24.	FUNERAL DIRECT		AAIL NO	ADDRES	S LUIL	nat I U	2So. REC'D BY	REGISTRAR	2Sb. REGISTR	ARS SIG	GNATURE		
7	Contra	) 1 Pr	1	1050 77 . 3	D 1		DANAN :	3 10	69 pela	arli	an Cond	AR.	
VIII.	_UOOK-	STOOKS I	OWSOD	1050 York	K.Q 'I.	OWSOD	AND ALLES	-	VU /		VA		

VR A15 (4) 30M REV, 1/68

Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in 57 the function of a director, page 3 should be detached for use as the buriol-transit permit. Then please carbon pages, 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 havis after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.



## MARYLAND STATE DEPARTMENT OF HEALTH

fred in by the funeral pages 1 and 2

flours after death.

Page 7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comparety find director, page 3 shauld be detached far use as the burial-transit permit. Then please remarke carban, shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, with

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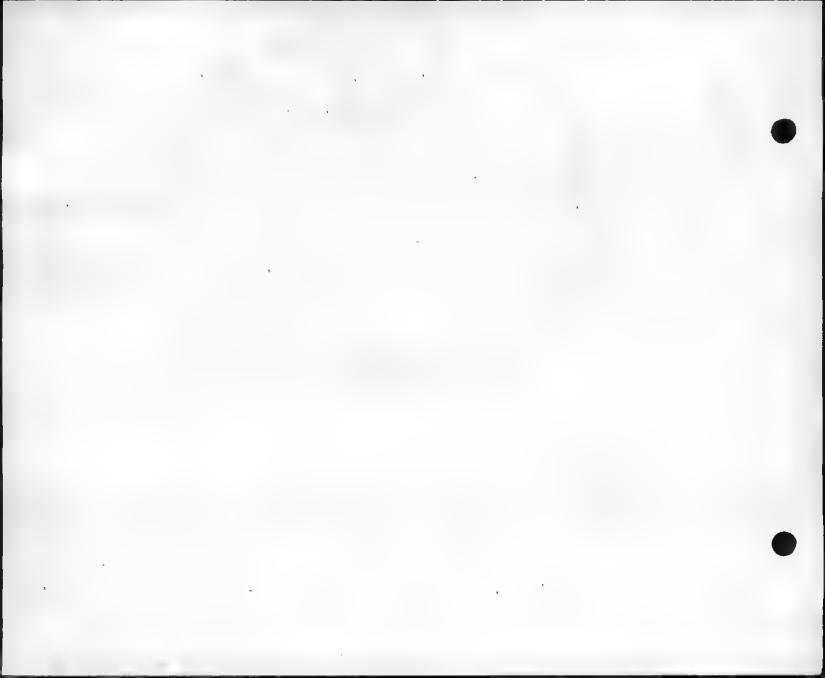
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	ECEASED NAME Type or print)	First Leo		M.ddle	Ma	Last		1	DATE OF	Month Do	Yeor Yeor	2b. H	OUR 40,
3. 5	ex male	4 RAI	Œ whit	J.	MC	Dermott  S DATE OF S  June			)ece	nber 26.  6 AGE (In yeors lost birthdoy)	1968 IF JINDER I YEA MONTHS DA	R IF JNDER 2	)
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0	city or town of DEATH		SPRI	OF HOSPITAL OR INS	STAT	E HOSP.	during hi	most of w	vorking l	Kind of work done ife, even if refired) "Kman		of Business	
odm	USUAL RES DENCE (Where ussian) STATE Md	11/16	COUNTY	Residence before		or town	13d. INSIDE CIT	NO 🗌		EET AND NUMBER DS Woodbo	urne A	venue.	
14	FATHERS NAME First	I MeDe	Middle	Lost		1S MOTHERS N	A-DEN NAMI			Middle	Luthha	Lost	
	. WAS DECEASED EVER IN U			Sb. SOCIAL SECURITY N	10 17	7 INFORMANT	Aver.	110110	3	Address	rm čima)	rut	
	Yes, nanounknown) (III)	res give wat at dates o	Eservice) 2	220-01-69	OLHA	Records	: SPA	ING C	ROVI	STATE HO	OSPITAI		
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CERTIFICATION	TO PAIL OF OTERATION	Tro. Constitution	TOK WHICH	O EKRHON ING L	KI OKINED	YES [				OF DEATH?	CONTRACTOR	-	
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×	21d. INJURY OCCURRED While Nat while of wark			HOME, FARM, STREET, FAC FFICE BUILDING, ETC.		LOCATION Stre			·	or Town	Caunty		tate
		this hasp sed alive on abave, (!) (v	ital) attend De ze) (stist) (d	ded the decease ac. 26 l id nat) view the	ed_from_ 9 <u>68</u> , c bady afte	Sept. and that in (n er death.	<u>15,</u> 19 19) (894) (	2 <u>67,</u> 2pinian a	ta <u>De</u> leath a			iat <b>(K)</b> (we ur and frai	) las m the
	22b SIGNATURE	a		4.	DE	EGREE PHYS	DRESS S	MED. DIRECTOR	*	PHYS.	12-26-6		
	22d. PHYSICIAN S NAME (Type)	Rafa	el H.	Marin, M	.D.	ZZe AD				Marylan	HOSPI1 d 21228		
230	BUR AL, CREMATION, REMOVALISOSCHY)	23b DATE 12/28		23c, NAME OF	CEMETERY	or crematory				N (City or Town)	(County)	(Stote)	)
24. 1.	FUNERAL DIRECTOR CONTROL OF RECTOR			ADDRESS				D BY REGIS	STRAR 1961	Baltimore 2Sb. REGISTRAR		ye	2

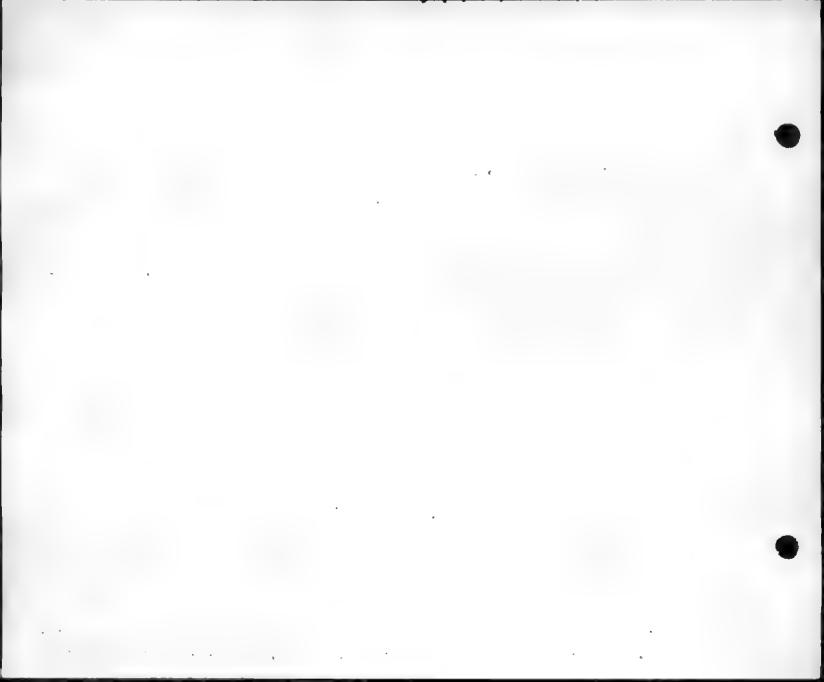




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	caur	PRTHPLACE (Stote or foreign try)	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED   N	EVER MARRIED  DIVORCED	-0 4	imore		Md
fills paper		TY OR TOWN OF DEATH		OF HOSPITAL OR INST	TITUTION (If not in I		AL OCCUPATION (	Kind of work done	125 KIND OF BL	ISINESS OR
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ne death ce attending permit. The		PART I. DEATH WAS CAUSED MMEDIA	TE CAUSE (o)	Alle	Mest	day C	Caner	id -	3/3	4
that the dan. by the atterransit perm		Canditians, if any, which gave)	DUE TO, OR AS	CONSEQUENCE OF	fe-Not	7/10/	been.	shart.	11/	240
that an. by # ransi		rise to immed ate cause (a) ( stating the underlying cause)	DUE 10 DR AS	CONSEQUENCE OF	2	05/	2		- //	7 Lacor
ysici ysici med rial t		Mast )	(6,000	See 1	HE MAS	1/acc	eller 1	Juzeur	e-4	
requestion of the property of		PART 2 OTHER SIGNIFICANT CON	DILION2 CONTRIBETIM	E IO DEVIH ROL MO	I KELATED TO THE	TERMINAL DISEASE OK	CONDITION GIVEN	IN PAKI I(0)		
tendin as bee as th priar t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED 2	Oo. AUTOPSY?		'ES, WERE FINDINGS C	ONSIDERED IN CER	FIFYING
돈 한 축 없는 ' '	RTIFIC					YES NO		OF DEATH?		
IAN: of ar ficate for us Healt		210 ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M.	Manth Day Year	21c. HOW II	JURY OCCURRED (Ent	er nature of injury	in Part 1 or Part 2,	Item 18.)	
IYSIC naspil certi ched pt. af	MEDICAL	(If either, natify medical examinated 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME FARM, STREET FACT FICE BUILDING, ETC	ORY.) 211 LOCATIO	ON Street at RED N	o City o	r Tawn	County	State
the Prise this this details to be		While Nat while at wark at wark			K	1-1-1		.7	10/	
DIN J by Affrer I be Stal		22a. I certify that (!) (the saw the deceased a	ive on	ded the deceose	d from and the	of in (my) (abstror	inian death of	curred on the do	, that ( ite and hour or	<ol> <li>(weet last and from the</li> </ol>
dine dine dine dine dine dine dine dine		couses stated above	, (I) (was) (did) (di	enot) view the b	ody ofter deat	n				
OR ATTE be retained be retained bolkerTOR ge 3 shau led with the		22b Signature	HAM	bring	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	DATE SUBNED	50
may be RAL DIR page 3 be filed		22d PHYSICIAN'S NAME (Type) (har	les 7. 0	Donnel	1	22e ADDRESS 1	lork Roc	101.	more, 11	id. 04
O HOSPITAL Page 4 may O FUNERAL director, pag shauld be fil	22-	BURIAL CREMATION. 236 1			EMETERY OR CREA	ATORY				(State)
Page 4 may O FUNERAL director, pag shauld be fi	Z30.	PEMOVAL (Sportful)	-11-68	10 0	1 /	metery		(City or Town) imone, 11	(County)	faintel
VRAI5(4)	1	FUNERAL DIRECTOR	-1 0	ADDRESS		2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	. de	4.0
30M REV. 1/68	14	conard I. Ru	$cR, \forall nc$	Baltimo.	re, mas	DATE DATE	C9	BB Ache	west for	7



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 7 1 5 5 CERTIFICATE OF DEATH DECEASED NAME First death. Middle Last 20 DATE OF OFATH 2b. HOUR A death (Type or print) December 21 MARY MC PHERSON ANN 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years lost birthdoy) 10-12-19 Female White burial, cremation, ar removal, and in any event, within 72 hours 70 BIRTHPLACE (Slote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TO NEVER MARRIED country) Georgia papers. B ltimore .⊑ USA MIDOMED [ DIVORCED [ and campletely filled be executed within 2 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR gwestreet dedress ph Hospital वाहानवाहरूका क्षान्य life, even if retired ) NEWH Home xkxxxxxxx Towson 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d INSIDE CITY EIMITS? 130 STREET AND NUMBER 13b. COUNTY Ex ktoix no x of Baltimore YES Ok NO [ 14 E. Lake Avenue #21212 14 FATHER'S NAME First Lost IS MOTHER'S MA, DEN NAME First Middle McCalla R. Unknown by the attending physician transit permit. Then please ertificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (II yes give war or dates of service) E.Lake Ave. Edwin McPherson APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) law requires that the death Chronic lung disease DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health pr ar to has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO NO | this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while to work at work -TO FUNITAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from 12-21 saw the deceased alive on 12-21-68 19 and that in (1) causes stated abave, (1) (we) (did) (did not) view the bady after death. . 19.60 ta 12-21 and that in (py) (aur) apinian death accurred an the date and have and from the 22b. SIGNATURE 22c DATE SIGNED 12-21-68 ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Ines Cilliani/. M.D. 7620 York Road, Towson 4, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 12-24-68 Oakhill Newman Ga. H.W. Jenkins & Sons Co. 4905 York Rd., Ballot C 2 4 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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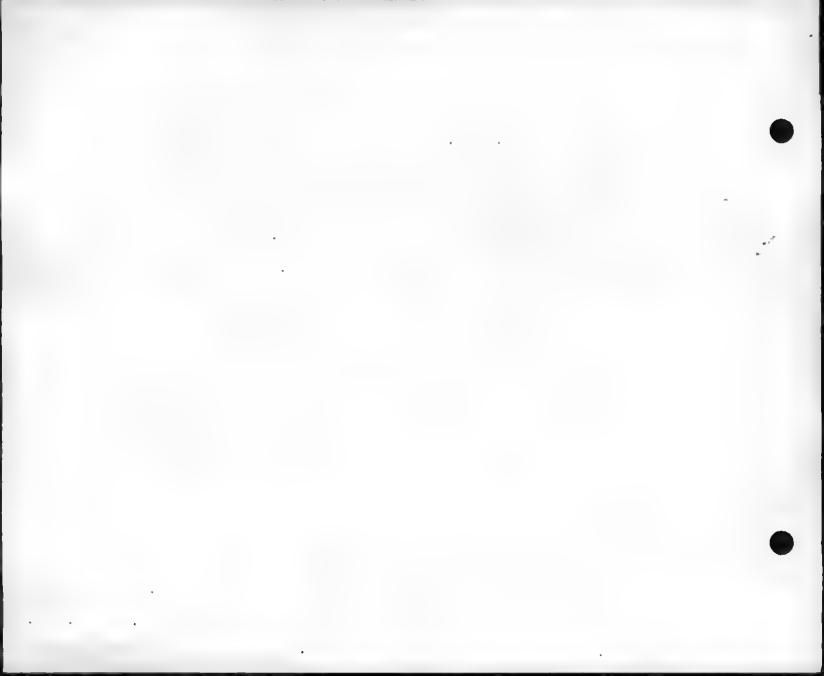
be executed within 24 hours after death.

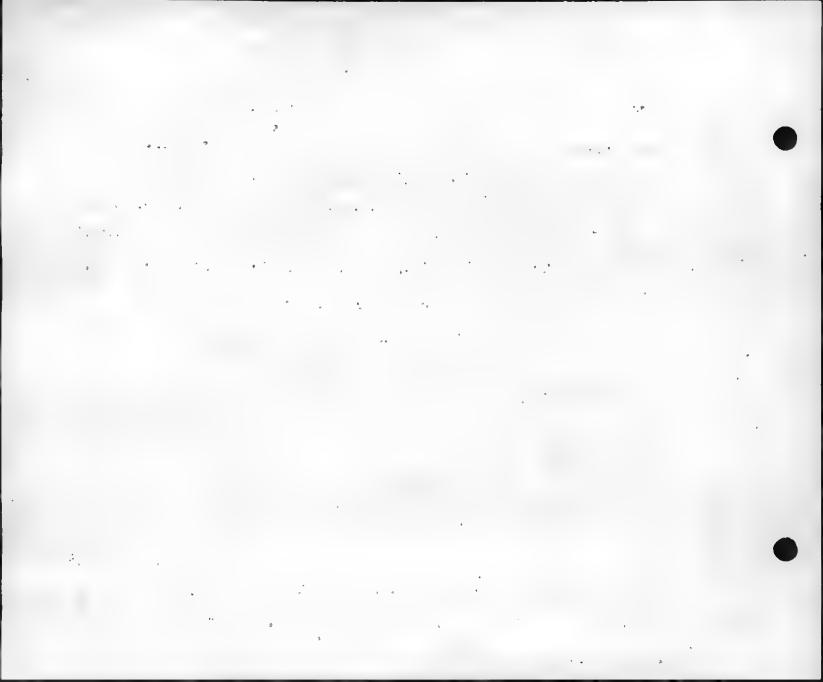
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funderctor, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after c

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

Page 4 may be retained by the hospital ar attending physician.

	11130		CERTI	CERTIFICATE OF DEATH				17156		
	DECEASED-NAME First (Type or print)		Middle	Lost	20. DATE OF DEAT		Venr	2b. HOUR		
	(Type or print) Ali		Mae	Meeks		er 8 Doy		M		
3. :	SEX F	4 RACE W		S. DATE OF BIRTH April 19,	1880 6 A	GE (In years t birthdgg yrs.	MONTHS DAYS	IF JNOER 24 HRS. HOURS MIN		
	BIRTHPLACE (Stote or foreign unity)  Maryland	76. CITIZEN OF WHAT CO	HIDAKI	NEVER MARRIED   NEVER MARRIED   DIVORCED	9, COUNTY OF DEAT Baltim			Md		
10	CITY OR TOWN OF DEATH  Catonsville	II. NAME O	HOSPITAL OR INSTITUTION oddress) geway Manor	(If not in hospital 120 Uduring Rei	ISUAL OCCUPATION (Kind proost of working life, of ired House	of work done	126. KIND OF INDUSTRY			
	o USUAL RESIDENCE (Where deceose mission) STATE Maryland					AND NJMBER halfonte	Drive	21228		
14	FATHER S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAM	NE First	Middle		Lost		
L	William			Eliza R.	Wilson					
	O WAS DECEASED EVER IN U.S. ARM	and the second second	SOCIAL SECURITY NO.	17. INFORMANT			onsvil			
L	Yes, no, or unknown) (If yes give w	2	12-34-8744	Margaret R. 1	Mund ## 441	Chalfon	te Driv	Je21228		
	1B. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED							HISET AND DEATH		
		TE CAUSE (o)	Breun	one			10	an		
	サウも入	DUE TO, OR AS A	CONSEQUENCE OF					/		
	Conditions, if any, which gove trise to immediate couse (a), (	(b)								
1	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF							
	PART 2 OTHER SIGNIFICANT CON	(c)	To original or the part of the	en En Eur Ennant La Crisc	OR COLOUR ON ORDER IN A	NAT 14 )	<u> </u>			
		DILIONS TONEKIBUTING	TO DEATH BUT NOT KELAT							
CERTIFICATION	190 DATE OF OPERATION 196	CONDITION FOR WHICH O	PERATION WAS PERFORMED		20b. IF YES, CAUSES OF D	WERE FINDINGS CO DEATH?	ONSIDERED IN C	ERTIFYING		
		G 216 TIME OF INJU	JRY 12	c. HOW INJURY OCCURRED (I		Part 1 or Part 2, 1	tern 18.)			
MEDICAL	GOR CONTRIBUTING CAUSE OF DEATH		onth Doy Year							
ME	While Not while of work	PLACE OF INJURY (AT his	OME, FARM, STREET FACTORY ) 2 E BURLDING, ETC.	If LOCATION Street or R.F.D.	•		County	Stote		
	22a. I certify that (1) (the saw the deceased a causes stated above	ive on	19	ond that in (my) (our)	9, ta opinion deoth occui	red on the do	, that te ond hour	(I) (we) las ond from the		
	226 SIGNATURE William	)oodman		DEGREE PHYS	MED STA	F m h	ATE SIGNED	61		
	22d PHYSICIAN'S NAME (Type) Willi	am Go	odman	22e. ADDRESS 1334 Sul	phur Spring		ltimor	e 21227		
		DATE 2-11-68	23c NAME OF CEMETER Western C	emetery	23d LOCATION (C Edmonds C	on ave.,		(Stote) Md.		
24	funeral director Howard H. Hubbar	rd, 4107 Wi	ADDRESS 1kens Avenu	e, Balto DATO	D BY REGISTRAR	25b. REG STRAR'S		42		





DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 1 &2 FilmGli CERTIFICATE OF DEATH

17158

- [1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if pristitution: Residence before admission)
	o. COUNTY BALTIMORE MARYLAND	O. STATE MD. MG. COUNTY BANA I TOWERLE
ı	b. CITY OR TOWN (If outside corporate limits,   c LENGTH OF STAY IN 1b	c CITY OR TOWN (if autside corparate i mits, write RURAL and give nearest town)
	write RURA, and give peacest town) Catchaville	Baltimore 529 N. Mount Street
-	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS 77/77/77/77/77/77/77   8 IS RESIDENCE
		TALANG LABRAS ALLIN XY OSAN ALAN YES NO D
Ė	NAME OF FIRST Meddle	Lost 4 DATE Month Day Year
П	DECEASED	OF SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD
/  -	(Type of print)  SEX   6 COLOR OR RACE   7 MARRIED   7 NEVER MARRIED   8	DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS
1	AV I MAKKIED TO MAKKIED TO	Lost burthdoy) Months Doys Hours Min
-	On USUA OCCUPATION (Give kind of work done 10th KIND OF BUS.NESS OR	11 BIRTHPLACE (County & Stote or foreign country) 12 (ITIZEN OF WHAT
	uring most of working life, even if retired) INDUSTRY	COUNTRY?
-	3 FATHER STAME 1	Newport News, Ut , 110 U.S.
	3 FAITHER MAME	14 MOTHER MAIDEN MAME ME MAIDEN MAIDEN MAIDEN MAIDEN MAIDEN MAME MAIDEN
-	Tround //CITICK	Louis Collination 82 11 Contract of
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee no or unknown) (If yes give wor or dotes of service)	NFORMANT Address
	YES WW. 2 217-01-2644/	WMS IS //BAPPON 82311 Sautoged
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	NTERVALV ETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CHICAGO AT A STANDARD A ST	MECHAEL PROPERCIE
	2509 DUE TO	
	Conditions, if ony, which gave ) (b) A. O. U.D	MUSED RISMURITIS -
	rise to immediate cause (a), stating the underlying couse DUE TO	
-1	los1 (t) 11B1C000 1	018141111
1.	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?
C CONTROL OF THE CONT	XULX	AEZ NO L
1	200 ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Port I or Port II of item 18)
- 13	20c TIME OF INTERY Month Day Year 20d INTURY OCCURRED 20e PLAC	E OF INJURY (Hame, form,   20f. (City or town) (County) (State)
- Įi	Hour a.m. 19 While hat While of foctor	ory, street, office bldg , etc.)
- 1	21. I certify that (I) (this heapitel) attended the deceased from	6/2/ , 196 x, to 12/14, 1968, that (1) (we) last
		deoth occurred at A. fram rouses and on the date stated obove.
	220. SIGNATURE 2	22b. DATE SIGNED
	In facility M.O.	ATTENDING DIRECTOR PHYS DIRECTOR PHYS
	ZZC. PHYSICIANS	22d. ADDRESS
	NAME (Type) / GW H. Slesher MILLS	Seen Sugar willow Ave Put 16-18/14
	30 BURIAL CREMATION 236 DATE THEREOF 236 NAME OF CHIEFRY OR	
	13/13/10 12/27/C8 150K/R. 110W	Bust Cem Kayla His
	24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 250 PEG STRAR SIGNATURE
	Willeans Fine (Home 319). Seles	BEC 2 7 1968 June Junger
-	The state of the s	3/

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic appoints completely filled in by director, page 3 should be defoched for use as the burial-transit permit. Then please remove corban papers. Pashould be filed with the State Dept. of Health prior to burial, cremation, or remaval, and finally event, within 72 hours. Poge 4 moy be retoined by the hospital or attending physician VR A15 (4) 25M 1/67

17118



19110	DIVISION OF VITAL RECORDS	*	RESTON STREET ATE OF DE		NORE, MARYLAND 212	17159				
1. DECEASED NAME First (Type or print) Jenn	Middle 10		last Me <b>yer</b>		2a DATE OF DEATH Dec.	7° 1988 8 A N				
3 SEX female	4 RACE white		5 DATE OF BIRTH  Jan. 22, 188		82 6 AGE (in year	YRS IF JUNDER YEAR IF UNDER 24 MRS ANNIHS DAYS HOURS MIN				
70 BIRTHPLACE (State or foreign country) Balto., Md.	75 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED [ WIDOWED [	NEVER MARRIED  DIVORCED	'U	COUNTY OF DEATH Baltimore	Mo				
10. CITY OR TOWN OF DEATH Rodgers Forge	11 NAME OF HOSPITAL OR 1				OCCUPAT ON (Kind of work t of working tie, even if reti nomemaker					
admission) STATE Md.	sed lived, if institution Residence before 13b COUNTY Balto.	e 13c City OR		INSIDE CTY LEM T						
14 FATHER S NAME First	Middle Last Wolf	gang	MOTHER'S MAIDE		nnie Mid	de Lass Lexstein				
16a WAS DECEASED EVER IN U.S. ARY Yes no, ar unknown) (If yes give w	MED FORCES? war or dates at service)		nformant Irs. Bern	ice F	oard 404 Hopk	cins Rd. #21212				
PART I DEATH WAS CAUSE	ly one cause per line far (a), (b), and (c) D BY	Many	Que.	usi	ju-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Canditions, It any, which gave	Gandi ons, dany, which gave)  DUE 10, OR AS A CONSEQUENCE OF Coporal C									
nse to immediate cause (a), stoling the underlying cause last	DUE TO, OR AS A CONSEQUENCE O	· ol	Dage	P	arterio Sch	ciono				
	ND.TIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D.S	SEASE OR COI	NDITION G VEN IN PART I(a)					
190 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS R	PERFORMED	20a AUTOPSY?	NO 🔲	20b IF YES, WERE FIND CAUSES OF DEATH?	FINDINGS CONSIDERED IN CERTIFYING ?				
210 ACCIDENT WAS UNDER YIN  OR CONTRIBUT NG CAUSE OF DEATH  (If either, natify medical exami	HOUR A.M. Manth Day Yea	21c HQ or 19	W INJURY OCCURR	ED (Entern	nature of injury in Part 1 or P	ort 2, tem 18)				
21d INJURY OCCURRED 21e While Nat white of wark	PLACE OF INJURY ( AT HOME FARM, STREET, F OFFICE BUILDING, ETC	FACTORY ) 21F LO	CATION Street or	RFD No	City ar Town	Caunty State				
22a J certify that (1) (the	is hospital) attended the decea live on	.194 <b>2</b> 7 and	that in (mv) (	7, 79 <u>Le</u> our) opini	tatan death occurred an t	he date and hour and from the				

director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers Pages I and 2 should be filed with the State Dept of Health priar to burial, cremation, arremayal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without 24-haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached for use as the burial-transit permit. Then please remave carbal Page 4 may be retained by the haspital ar attending physician. 147 VR 45M

( filled in by the Turrer. And 2

DEGREE

ATTENDING PHYS.

MED. DIRECTOR STAFF PHYS

23d LOCATION (City or Tawn)

22c DATE SIGNED

(Stote)
Md. (County)
Balto.

23a BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR

22b. SIGNATURE

PHYSICIAN S NAME (Type)

22d.

23b. DATE 12/11/68

ADDRESS Mitchell-Wiedefeld Home 6500 York Rd. #21212

Parkwood Cem.

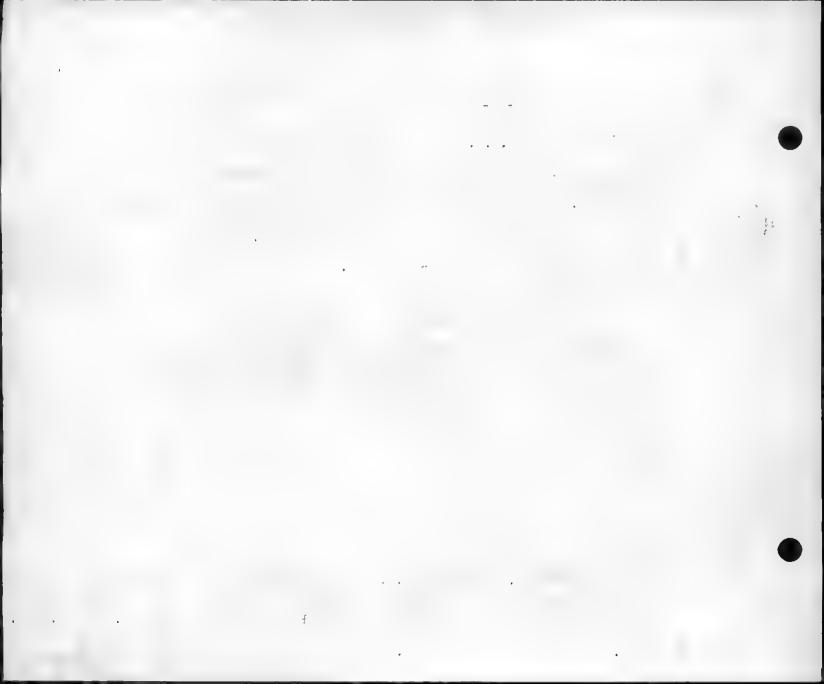
NAME OF CEMETERY OR CREMATORY

250 REC'D BY REGISTRAR DEC 9

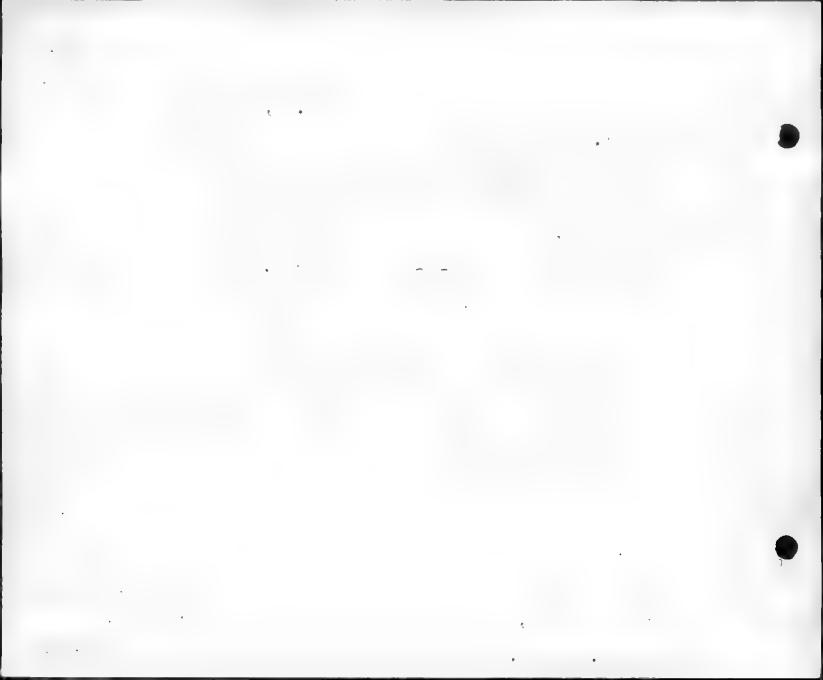
25b. REGISTRAR'S SIGNATURE 1968



<del>/-</del> ] 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH	17160
HEALTH DEPT.	1 DECEASED NAME First Middle Last 20 DATE KNOWN   Month D	Day Year 2b HOUR
5 5 8 EX	(Type or Print) WILLIAM MEYER, JR DEATH MATED	19 M
delay is and 3 to M3 Page	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years F JADER 1 YEAR IF LANDER 24 HRS 20 DATE PRONOUNCED DEAD MALE White 12-6-07 61 YRS MIN DECEMBER DOY 13	Yeor 68 2d HOUR
, d d	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 4 9 COUNTY OF DEATH	
form form	(Gournity) Maryland U.S.A. WIDOWED DIVORCED BALTIMORE	Md
haurs after death  Dem 18. Give Pages 1,  Office along with farm and 2 with the State De	give street address)	26 KIND OF BUSINESS OR IDUSTRY
s affer 18. Gn alang 2 with death.	Dundalk Maryland 8221 Watersedge Road Packer A  130 - SUAL RESIDENCE (Where deceased ved, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY Palatine before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
V2 - 186	Ma. Baltimore   Dundalk   150 160   8221 Waters Edg	
	14 FATHER 5 NAME First Middle Last 15 MOTHER S MAIDEN NAME First Middle	Lost
2 E 8 2	William Meyer Emma V. Evers  160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	
within pencil xamine ile pag	(Yes, no, or unknown)   (Ill yes give wer or dones of service)   214-05-3154   Mrs. Emily Wendelstedt, 3435 Dunr	an Road 2122
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
be executed 'pending'' in nief Medical E nnsit permit F event within	PART L DEATH WAS CAUSED BY.  Arteriosclerotic cardiovascular disease	BETWEEN ORSET AND DEATH
exe endii Me t pe	1/29 DUE TO, OR AS A CONSEQUENCE OF	
l be hief chief	Canditians, if any, which gave (b) (b) (b)	
war war ial-	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
is certificate sho te, writing the v forwarded to the e used as a buri remaval, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
nis certifii ite, writin forward oe used a remaval,	196. COND TION FOR WHICH OPERATION	20. AUTOPSY?
This criticate, be for	196. COND THON FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem	YES 👿 NO 🗌
編品 警門	21a EXTERNA. CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OF CONTRIBUTING Part 1 or Part 2, Hern HOUR A.M. P.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 2, Hern HOUR A.M. 19 21d NIURY OCCURRED (Enter nature of injury in Part 2, He	18)
	Z 2 Id. NJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  2 1e. PLACE OF INJURY (At nome, form, street, street, at work	County State
NL EX xecu . Pag for y or red,	22a. 1 certify that I toak charge of the remoins described above, held an Autapsy X, Inspect on , Inquiry , death resulted fram. Natural causes X, Accident , Suicide , Homicide , Undetermined manner	and in my opinian
please e I director retained DIRECTOR	deoth resulted fram. Natural causes K. Accident . Suicide . Homicide . Undetermined manner .	
ry, ple y, ple ral di sal Di priar	ACTUAL  SIGNATURE  ADD  ASS STANT MEDICAL EXAMINER   22b. DATE SIG	GNED
EPUTY funeral dy be p INERAL	EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICA. EXAMINER December	14, 1968
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	NAME (Type)  ADDRESS(Street, city, town, or county)	
70 g # 20 P H	REMOVAL (Specify) BURIAL 12-17-1968 Moreland Memorial Park 2901 Taylor Ave.,	-
VR A15ME (5,	Howard H. Hubbard, 4107 Wilkens Ave. 21229 DATE DEC 17 1968 SChool	
0 0 1		

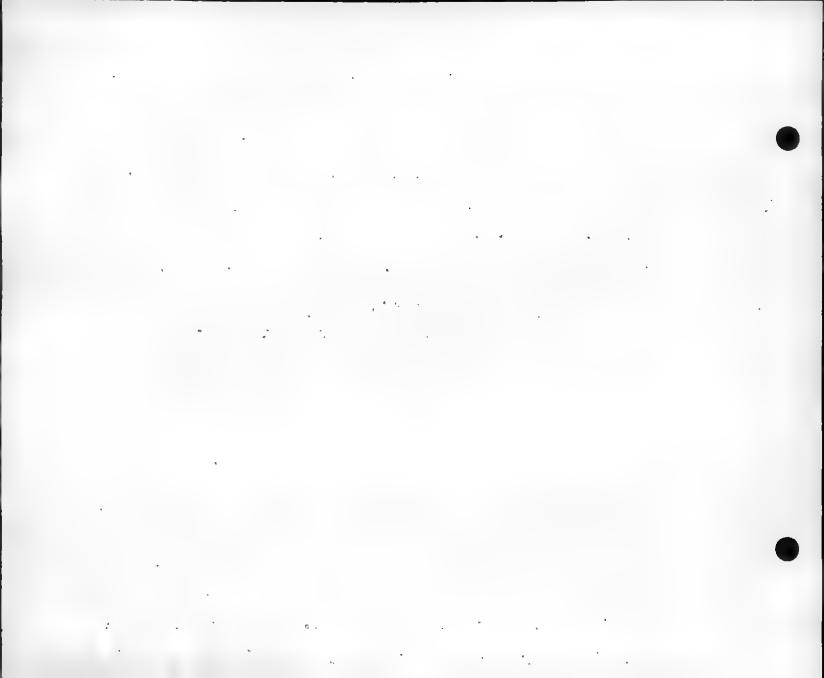


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17161 DECEASED-NAME M ddle First Last 2a. DATE OF DEATH 2b. HOUR and, (Type or print) Ella Meynan december 4. RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER 1 YEAR White Female Sept. 18, 1914 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Alled in Hurt Va. Baltimore U.S.A. WIDOWED | D-VORCED [7] within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 26. KIND OF BUSINESS OR give street address) during most of working life, even if ret red ) INDUSTRY carban Towson St. Joseph Hospital .3a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c (ITY OR TOWN and in any event, 13e STREET AND NUMBER 138 INSIDE CITY DM TS7 law requires that the death certificate be executed the attending physician and camp 2528 Canterbury Rd.-21234 remove Parkville Maryland 14 FATHER'S NAME First Last IS, MOTHER'S MAIDEN NAME First Ella Scruggs Samuel Short 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, 220-03-4060 Frederick D. Meynen Same APPROXIMATE NIERVA. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Probably brain hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be rewined by the haspital or attending RAL DIRECTOR: After this certificate has been c, page 3 should be detached far use as the be fled with the State Dept, of Health prior ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY NG CAUSES OF DEATH? YES P MO L 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of njury in Part I or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (if either, notify medico exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City of Town County State White Not while of work 22a. I certify that (X) (this hospital) attended the deceosed from 12-27-, 19 66, to 12-20, 19 66, that (A) (we) last saw the deceased alive an 12-28- 1966, and that in (my) (our) opinion death occurred on the date and haur and from the TO FUNERAL DIRECTOR: After causes stated above, (1) (we) (aid) (aid not) view the body ofter death 226 SIGNATURA 22c DATE SIGNED MED DIRECTOR 12/29/68 DEGREE 22e ADDRESS Christina Feliciano, M.D. 7620 York Rd., Towson, Ad. 21204 NAME (Type) derector, i 23c NAME OF CEMETERY OF CREMATORY Dulancy Valley Jan 2, 1969 23a. BURIA, CREMATION BEAD AND Spec fy) Baltimore Maryland (State) 24 FUNERAL DIRECTOR REGISTRAR S SIGNAT ADDRESS 25g RECD BY REGISTRAR Leonard J. Ruck Inc. 5305 Harford Road 21214





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17163 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First Middle 20. DATE OF DEATH death. 24 haurs after death and Month 26/Doy (Type or print) NMN **MICHALOS** 12 Thomas 3. SEX 4. RACE S DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNCER 24 HRS lost bighdoy) May 17. Male Cau 7¢ BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🎮 NEVER MARRIED letely filled in country) Baltimore reece WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR greater Balto. Med. Center Towson 13o. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 13d. IRSIDE CITY LIMITS? and comp Burkshire Road 13b COUNTY YES 🔽 Towson the attending physician and campsite sit permit. Then please remaye requires that the death certificate be execut 15 MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost and in Soterios Michalopoulas Helen Antonopoulos 16b. SOCIAL SECURITY NO 17 INFORMANT 16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 703-3307 Steve Micholas, Towson, remayal APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Heart Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Cerebrovascular accident , R ENAL TUMOR ? **burial-transit** rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES X NO 🗔 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF GEATH HOUR A.M. Month Doy Year P.M (If either, not fy medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work ot work 22a. I certify that (I) (this hospital) ottended the deceosed from 11/9, 19.68, to 12/26, 19.68, that (I) (we) last 12/26 \_\_1968\_, and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased olive ancauses stated above, (1) (we) (did) (did not) view the body ofter deoth. director, page 3 sho shauld be filed with 225 SIGNATURE 22c DATE SIGNED ATTENDING 12/27/68 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6701 N. Charles Street 23d LOCATION (City or Town) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) Greek Orthodox Woodlawn, Maryland Dec. emeteru 30M REV 1/69





#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

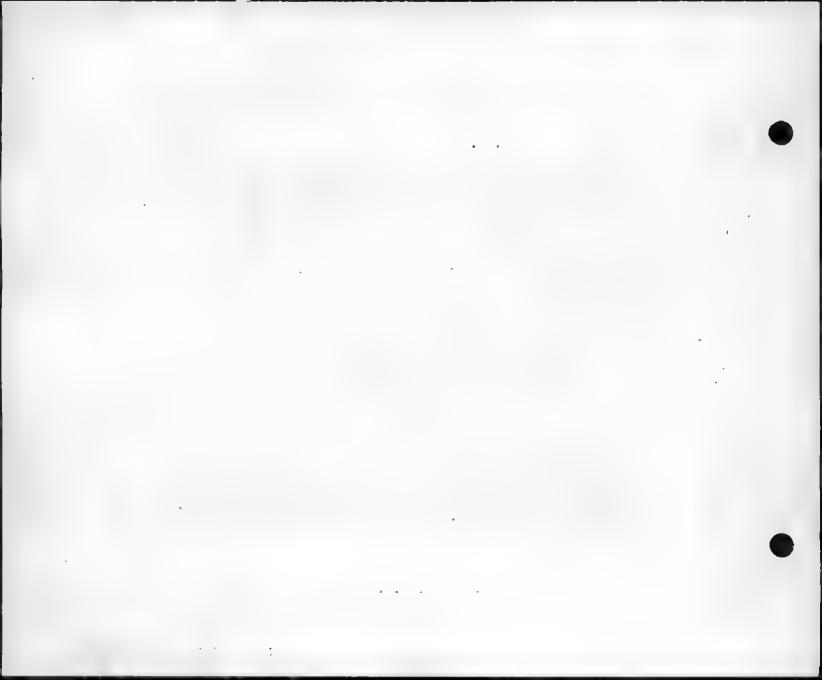
	11100	(	CERTIFICATE OF DEATH					
	DECEASED NAME First (Type or priot)	Middle	[Q., P.	Last	2a DATE OF DEATH	Daw - Year	26 HOUR	
-	RUSS!		FIOND.		12	Day 17 188	7:00A	
3	SEX MALE	4 RACE NEGRO	S.	DATE OF BIRTH 8/7/27	6 AGE (In ye	BOTS IF UNDER TYEAR BY) MONTHS DAYS YRS	IF UNDER 24 HRS	
7a		b. CITIZEN OF WHAT COUNTRY?	8 MAPP ED	NEVER MARRIED	9. COUNTY OF DEATH	185	<u> </u>	
	BALTIMORE, MD.	U.S.A.	MIDOMED	DIVORCED	BALTIMORE COL	JNTY,	٨	
	CITY OR TOWN OF DEATH FORT HOWARD	11. NAME OF HOSPITAL OR INS	DSPITAL	dur ng d	JAL OCCUPATION (Kind of war) nost of working life, even if re ART EN DEA	k dane 125 KIND OF etired) IND STRY BAR	BUSINESS OR	
13c adr	n ss.an) SIATE THARYLAND	lived if institution: Residence before BALT LYORE	13c CITY OR TO BALT'I			MBER tnut Street	,	
14	FATHER'S NAME FIRST MACK	Middle Last MONDIE	1S N	NOTHER'S MAIDEN NAME		MOULTO	Last	
16	O WAS DECEASED EVER IN U.S. ARMET			DRMANT IN . RECORDS,	VA HOSPITAL,	dress FT HOWARD,	mD.	
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED ( IMMEDIATE Conditions, if any, which gave ) use to immediate cause (a).	one cause per line for (o), (b), and (c).  BRONCHOPNEUT  DUE TO, OR AS A CONSEQUENCE OF  (b) LAENNEC'S C.	MONIA, 1	at a			MATE NIZKVAL MSET AND DEATH	
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF  (c)  TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO TI	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)			
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FDRMED	20a AUTOPSY? YES 🛣 NO	CALISES OF DEATHS	IDINGS CONS DERED IN CI	ERTIFYING	
D CAL CE		21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M 19	2Jc HOW	INJURY OCCURRED (Ent	er nature of injury in Port 1 or	Port 2, item +8)		
M	While Nat while at wark	ACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING ETC	1			Caunty	State	
	22a. I certify that (A) (this saw the deceased aliv causes stated above,	haspital) attended the decease e an 12/12/12/15 decease (t) (we) (did) (did) (view the b	d from_12, 7, and to ady after dec	<u>/8/68</u> , 19_ not in ( <del>194</del> ) (aur) ap ith.	, ta <u>12/17/68</u> inion death accurred an	, 19, that the date and haur	(DK(we) la and from th	
	226 SIGNATURE	. Edun	DEGREE	PHYS	MED STAFF DIRECTOR PHYS	22c DATE SIGNED 12/17/6	8	
1	22d PHYSICIAN S NAME (Type) RODOLF	O G. MIRO, M. D.		De ADDRESSH FO	RT HOWARD, MAR	RYLAND		
	DOIGAND	20-68 BALTO	NATION	AL.	23d LOCAT ON (City or Town BALT LYORE	(County) MARYLAND	(Stote)	
24	FUNERAL DIRECTOR	MORT ADDRESS A VOIN DA LE	DYETTE BD. BA	FUNE ALREMO	DEC 2 0 25 1986	ISTRAR S CONTURE	Sindy	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hazpital or attending physician.

Page 4 may be retained by the haspital ar attending physician.





MARYLAND STATE DEPARTMENT OF HEALTH 17157 TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban objects Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 22 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital at attending physician.

VR A15 (4) 25M 1/67

### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

7167

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- 1				The second secon			
	1. PLACE OF DEATH				ere deceased lived, if institutio		in)
-	o COUNTY	BALTIMOR	E MARYLAND	o STATE N	LA COUNT		
	h CITY OF TOWN	(If outside corporate limits,	LENGTH OF STAY IN 16	CLITY OF TOWN (If outs.)	de comperore imits, write RJRA	I and awa pearest town?	
	write RURAL or	nd give neorest town)		The state of the s	de corpue ore minis, withe KSKA	(L ond give neoves town)	
		,	33 mos.	1 Ba	1+1more		
	d NAME OF HOSPI	TAL OR INSTITUTION (If not in I	nospital, give street address)	d STREET ADDRESS		e IS RESIE	
	E. 0=0	T Havio	Marie Harris	31115	11 10 10.	O Ave YES T	NO T
	LOICE:	HAVEN	Vursing home		1 High 1an	K HVK 10 L	NO
วไ	3 NAME OF	First	(Mi)dde	lost 4	DATE () Month	Doy Yes	gr
4	DECEASED (Type or print)	ALFO	NSO Y	Moreutti	OF DEATH De	C. 21 191	68
fu	S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR OF UNDER	
	Mala	1 1 1	IDOWED DIVORCED	Aug. 4. 189	lost birthdoy)	Months Doys Hours	Min
	IDO SUAL OCCUPATION	IN (Give kind of work done	TOP KIND OF BUSINESS OR	11, BIRTHPLACE (County & S		12 CITIZEN OF WHAT	
	during most of working	g life even firet red)	INDUSTRY	11.5% 111 0400 (00011) 0.5	note of soldigit country	COUNTRY? / D	
	St	one Mason		ITal	4	421	
	13. FATHER'S NAME	1		14. MOTHER'S MAIDEN NAM	MA /		
		line		M	K		
	15 WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17	INFORMANT	Addres	\$	
	(Yes, no, or unknown)	(If yes give wor or dotes of serv	110 01 1000	Mrs Dan	0/10/ -214	\ \ \J.c.//	2 -1
	NO		113-01-6871	11.0 1/4/1	110000	3./4/2,6,19	100
		DEATH (Enter only one couse pe ATH WAS CAUSED BY	r line for (o), (b), and (c).)		4	INTERVAL BET	
	FARTIDE	IMMEDIATE CAUSE (b)	MULWINGHAY!	11 Sult 6 1	7 4 4 6 11 men 11 1 11	//	icalli.
	1 /85x	DUE 10	7,				
	Conditions, fon	b.ab aasa s	August Se	M wall Dam	T	2.7	
	nse to immedia	te rouse (o)	<u> </u>	F18848 188	2-1114/AIIA	<del>/</del>	
	stoting the und	erlying couse DUE TO					
	last.	(c) _					
	PART II. OTHER S	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	DIHE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(o)	19 WAS AUTO	OPSY
X	1077 V	,			` '	PERFORM YES 1	NO I
1	ICATION INCATION		1			103	NO
		AS UNDERLYING □ G □ CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRE	D (Enter notice of injury in Pol	rt I or Port II of Ifem 18)		
	THE FITHER NOTIF	Y MEDICAL EXAMINER)					
	2Dc TIME OF IN	JURY Month, Doy, Year	2Dd INJURY OCCURRED 2De P	LACE OF INJURY (Home, form	20f (City or town)	(County) (	(State)
	Hour o	LIM.		octory, street, office bldg., etc.)			
	F	um. 19	ot work Lal at work Lal				
	21 i cert	ify that (I) (th <del>is hespit</del> al	l) attended the deceased fram.	3/18 , 19,	(O, 10 /2-/2)		we) los
		deceased alive an 12/2	21/65 19 0 , and tr	nat death accurred at_	M, fram causes a	ind on the date stated	d abave
	220. SIGNATURE	180	A CALATTE	M. ATTENDING POP MI	CD CTASE	22b. DATE SIGNED	
	1	7 - Karl	S. D. al		ED STAFF PHYS	121221	Ca
,	22c PHYSICIAN	A CHULLE	11/1/1/	22d ADDRESS		0 0 0	2-0
	NAME (Typ		CO COR COSO GU	13	11 trange	on 6	
	230 BUR AL CREMAT	ON. 23b DATE THEREOF	F 23c NAME OF CEMETERY, C	OD CDEMATORY	23d LOCATION (City or Tow	(Sounty)	(ata)
	REMOVAL (Special		1/1 /	> /	Var C - 1	1.1 (S	HOIE)
	Burg	1 12/23	14024 K	edee.mev	1000000 "	721	
	24 FUNERAL DIRECT	OR	ADDRESS	250 REC D B	Y REGISTRAR 256 REG	ISTRAR'S SIGNATURE	2
1	C1 1/2	1kun us	463 3 Kor his	DATESEC	23 1955	Marie Anton	vancil
3 3	1 / /	V		/ ) HEV		AA V	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17168 DECEASED NAME Last 2n DATE OF DEATH 2b HOUR signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers: Pages I and 2 buriol, cremation, or removal, and in any event, within IP hours ofter death. 24 hours after death (Type or print) 4 RACE F JINDER TYEAR IF UNDER 74 HRS 3 SEX 5 DATE OF BIRTH 6. AGE ( n years 7b CIT 7FN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a 81RTHPLACE (State or foreign MARRIED TO NEVER MARRIED DIVORCED TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a LSUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR (ve street address) INDUSTRY wille 13a USUAL RESIDENCE (Where decaased lived, of institution Residence before 13d. INSIDE CIDI JIMITS? 13e STREET AND NUMBER 13c. CITY OR TOWN YES PT law requires that the deoth certificate be exec 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME First Last Dewal 16b SOCIAL SECURITY NO 17 INFORMANI Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, na, or yoknown) hisus 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a). physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HIGH O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to My icur ( 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR AM. OR CONTRIBUTING TO CAUSE OF DEATH Manth Day Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 14/4/5 sow the deceased alive on 12/27 1962, and that in (r \_19 61, and that in (my) (our) opinion death accurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 22d PHYSICIAN S NAME (Type) 23b. DATE FUNERAL DIRECTOR VR A15 30M REV



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affer deoth.

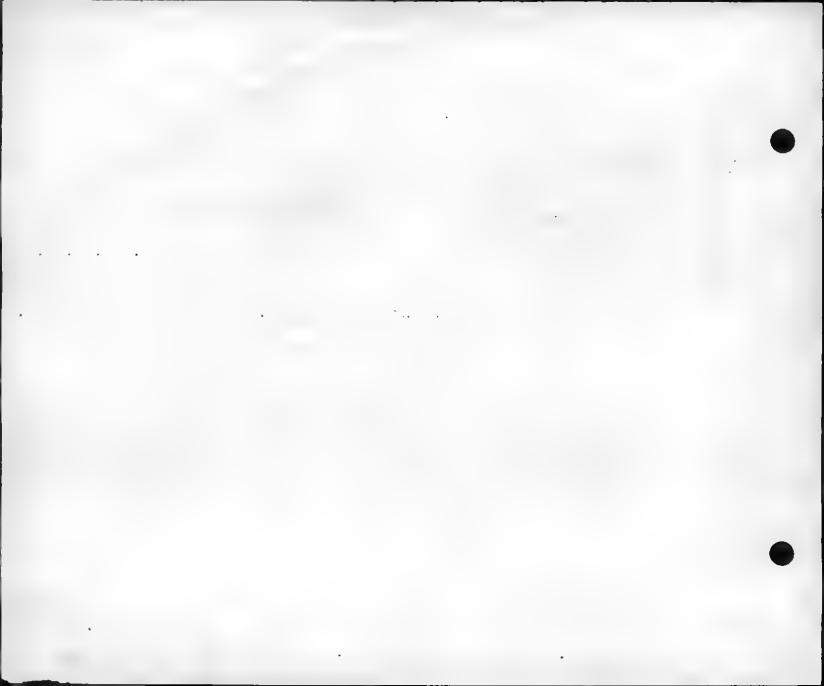
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death.

# 17159

	- F	MAKTLAN	ואול עו	E DEPAK	IMENI	OF HEALIN		
DIVISION O	OF VITAL	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

	21100	CERTIFICATE	OF DEATH	/	17169				
	Baltimore	MARYLAND		Where deceased lived, if institution by COUNTY	Residence before admission)  Anna Arrande I				
ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catomsville	3 Mos. 22 days	C C IT OK I GWM (IL O	orside corporate limits, write RURAL	ond give neorest town)				
7	NAME OF HOSP TAL OR INSTITUTION (If not in hosp Torest Haven Nurs	11	d STREET ADDRESS	Maple Ave	e IS RESIDENCE ON A FARM? YES NO				
(	NAME OF PIRST PERST PERS	ELIZABETH M	UNFORT	4. DATE Month OF DEATH	27 19 L 8				
\$ 5	Female White WIDO	WED DIVORCED D	并野林地沙特州州	5 ost bethdoy)	FUNDER I YEAR IF JNDER 24 HRS Months Doys Hours Min				
duri	ng most of working life, even if retired) Housewife	DE KIND OF BUSINESS OR INDUSTRY	West	y&Stote or foreign country)	12 CITIZEN OF WHAT COUNTRY? U.S.A.				
13.	Charles Mumfort		14. MOTHER'S MAIDEN Mar	y Slorpe					
15 (Ye	WAS DECEASED EVER IN US ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	16 SOCIAL SECURITY NO 17 IN 212-18-4901 Ch	nformant narles E.	Address Mumfort 10 Q	ueen Gate Rd				
	18 CAUSE OF DEATH (Enter only one couse per land PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove his a to immediate couse (a), stoting the underlying couse lost.	E (c), (b), and (c))  E (c) = 44 A 44 L V B  A C - U D - 1	~	ma oireul	INTERVAL BETWEEN ONSET AND DEATH				
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	HE TERM NAL DISEASE (O	ONDITION GIVEN IN PART 1(a)	19 WAS AUTÓPSY PERFORMED? YES NO -				
L CERTIFICATION	2Do ACCIDENT WAS UNDERLYING ☐ 2C OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IN DESCRIBE HOW INJURY OCCURRED (E	Enter noture of injury in	Port Lor Port Lof Item 1B)					
MED CAL	Hour 'o.m.		E OF INJURY (Home, for ory, street, office bldg., etc		(County) (Stote)				
21. I certify that (I) (this haspital) attended the deceased fram 9 1968, ta 222, 1968, that (saw the deceased alive an 1968, and that death accurred at 250 M, fram couses and an the date structured at 250 M, fram couses at 250 M, fram couses at 250 M, fram couses at 250 M, fram co									
23o	NAME (Type) JO 11 A / // BURIAL, CREMATION. 23b DATE THEREOF	5/4/AU MAD.		23d OCATION (City or Town					
B	REMOVAL (Specify) UI 1 a 1 FUNERAL DIRECTOR		emetery	Baltimore	, , , , ,				
14	Raymond C. Fink Gl				arles Indee				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complitely filled in a director, page 3 should be detached for use as the bunal-transit permit. Then please remove cabbit pagers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 had Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Be should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hour TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or ottending physician.

JOM REV.

be executed within 24 hours after death.

death.

	171	60			CERT	IFICATE O	F DEATH				TITI	U	
	ECEASED-NAME	Fi	rst	Middle	)	Last		20. D	ATE OF DEATH		v	2b.	HOUR
()	Type or print)	Cathe	rine	A.		Mvers			Month 12	1 3	/ 196	8 10	PM
3. 51	EX		4. RACE			5. DATE O	F BIRTH		6. AGE (In		IF UNDER I YEAR	IF UNDER	
	Female		Wh	ite		9/1	1/1890		lost birthd	YRS.	MONTHS DAYS	HOURS	MYN.
70.1	BIRTHPLACE (Stat	te or fareign	7b. CITIZEN	OF WHAT COUNTRY?	8. MA	RRIED THEYER I	MARRIED	9. COUN	CTY OF DEATH				
taui	Baltim	ore	U.S.	A.			YORCED	I	Baltimore				Md.
	ITY OR TOWN O			11. NAME OF HOSPITA	L OR INSTITUTIO	N (If not in haspite	ol 12a. US	UAL OCCUI	PATION (Kind of wo	rk done	12b. KIND OF	BUSINES	SOR
1	Rosedal	e		1323 Spr	ing Ave	enue		usew	arking life, even if a	retired.)	Homek	eani	na
130.	USUAL RESIDEN	CE (Where dec		institution: Residence	before 13c. C	ITY OR TOWN	13d, INSIDE CITY	Y LIMITS?	13e. STREET AND NU			adbr	116
OUIT.	ission) SIATE Marylan	d	13b_C0 Ba	Utimore	Ros	sedale	AE2	NO 3	1323 Spr.	ing A	venue		
14. 1	FATHER'S NAME	First	M	iddle	Last		MAIDEN NAME			Middle		Last	
	John B	ohlen	-1			E1-	izabeth	Hawk	cins		131		
	WAS DECEASED			- Such		17. INFORMANT				ddress			
	e No ar unknow	, N	ve war or dates of se	212 32	1967	Marie	Walins	ki l	321 <del>2</del> Spri	ng Av			
				per line far (a), (b),	and (c).) 21		1 .1	21	1	,	APPROXI BETWEEN C	MATE INTER	PEATH
	PART I. D	EATH WAS CAU	ISED BY: DIATE CAUSE (c	alul	2//	your	aual,	mpi	vicio	~	Suc	LU	en
	410	9	DUE T	O, OR AS AMEONSEQUE	NCE OF	1. A.	1. ,	10.	1 1	1	,		1
	Conditions, if o			fullews	Weller	u ( lu	aco-L	rasu	ulu du	reas	C 31	yr	0
	rise to immed stating the ur			O, OR ASJA PONSEQUE	NCE OF A	· m	1111-	1			46	1,11	11
	last.		-)	(a) dela	vell	oorce	elin	us	2		1/	gr	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)												
3	4201												
CERTIFICATION	190, DATE OF OR	PERATION 1	9b. CONDITION I	FOR WHICH OPERATION	WAS PERFORM	1			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			G	
ERTI	21a. ACCIDENT	WAS HMDEDI	VING DATE	TIME OF INJURY					of injury in Port 1 o	n Dont 2 1	tom ID 1		
MEDICAL (	OR CONTRIBUTI	NG CAUSE OF	DEATH HOU	R A.M. Manth Day P.M.		ZIE. HUW INJUKT	OCCORRED (En	net nature	at mjury sa ron i a	ir ruit 2, 1	tem (D.)		
WED	(If either, natif			VIURY (AT HOME, FARM, 5 OFFICE BUILDING,	TREET, FACTORY,	21f. LOCATION S	itreet ar R.F.D. N	No.	City or Town	-	County		State
	While Not	work		OFFICE BUILDING,	ETC.	0			B		111		
			this haspita	attended the d	eceased fro	WIN	, 196	60	10000	. 19	od , that	(I) (v	re) last
	saw th	re deceased	alive on	WILL OF	19/02	and that in	(my) (our) o	pinion d	eath occurred or	n the da			
	couses	stoted ob	ove, (I) (we)	(did) (did not) vie	w the body	ofter deoth.		/					
	22b-SIGNATUR	MA	110011	miln	all		NDING	MED.	STAFF -	7 220.0	ATE SIGNED	1	
		11 Ju	word	un sour		DEGREE PHYS		DIRECTOR	PHYS. L	110	121/6	0	
	22d. PHYSICIAN NAME (Ty		11. BC	20M92	TYAN	IER "	ADDRESS	ell	1 2/2	3	7 '		
230	BURIAL, CREMA	TION. 23	b. DATE	23c. N/	AME OF CEMETE	RY OR CREMATOR	Y	23d.	LOCATION (City or To	wn)	(County)	(Stot	e)
Ţ	REMOVALISPE	cify) -	1/2/69		on Ceme				lden Ring	,		,	
	FUNERAL DIRECT		-1-1-1		DDRESS	n-e-ruy	250. REGID		TRAR 256. RE		SIGNATURE		
La	assahn I	uneral	. Home	7401 Belai	r Road		DATE	HIN 3	1969	your	res la	4/5	4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17171 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last funeral 1 and 2 ar death. 20. DATE OF DEATH hours after death (Type or print) E. Mvers Charles December 25 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years RE UNDER I YEAR IF LINGER 24 HRS last birthday) male white July 22, 1896 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED country) Baltimore Md. U. S. WIDOWED | DIVORCED | 24 Within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF executed within during most of working life even if retired.) INDUSTRY are painter and paper hanger emb Catonsville INDUSTRY 20 STATE HOSP. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Middle River YES Cypress please remay 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT I (If yes give war or dates of service) Yes, na, ar unknawn) ar remayal, Records: SPRING STATE the attending phys GROVE HOSPITAD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) burial-transit rise to immediate couse (a). signed by the DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s ise as the t ith priar tat 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO FA 5 this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached f te Dept. of h If either, natify medical examiner) P.M shauld be detache with the State Dept. 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that \$\) (this haspital) attended the deceased from Dec. 25, 1968, saw the deceased olive on Dec. 25 1968, and that in (my) (and) apinion death occurred on the date a O FUNERAL DIRECTOR: After \_\_1968\_, and that in (my) (a) apinion death occurred on the date and hour and from the causes stated obove, (I) (we wait) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 12-26-68 directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS 22e ADDRESS SPRING GROVE STATE 22d. PHYSICIAN'S HOSPITAL. Rafael H. Marin, M. D. NAME (Type) Baltimore, Maryland 21228 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) EMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRANS SIGNATURE VR A15 (4)

1969

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